BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, oval.	al examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION 99. CITY, TOWN OR LOCATION 109. STREET AND NUMBER 1	THER'S NAME (First, Por or Rural Route Num Are PARENT ORIGINAL CORIGINATION OF DEATH THER'S NAME (First, Puerto Specify: THER'S NAME (First, Puerto Specify	E OF BHTTH with, Day, Year) -17-57 INT (Specify Yea or or or Rican, atc.) Middle, Meiden Sur Middle, Meiden Sur Tohn Sor Riverda TE 200,100A TE 200,100A	e. BIRCOUNTY OF	THPLACE (State or Foreign unity) Md F DEATH 10d. INSIDE CITY LIMITS? 1 Yes 2 NO F WHAT COUNTRY? ACE — American Indian, acc, White, atc. Pocity: BLACK Apt 12 H 4 1 0 47/ Town, State Md
10 - LUS SG 1 M 2 F 36 VRS. MONTHS DATE HOUR PRESIDENCE OF DECEDENT AND STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 107. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 107. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 107. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 107. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 107. STATE 108. COUNTY 108. STREET AND NUMBER 108. STRE	THER'S NAME (First, For Facility FIRST OF FACILITY THER'S OF FACILITY THER'S OF FACILITY THER'S OF FACILITY	INT (Specify Year or Rican, atc.) Middle, Meiden Sur Middle, Meiden Sur Riverda TE 20c, 10CA 193 CAY 1 4300	e. BIRCOUNTY OF	Individual and indivi
FACILITY NAME (If not Institution, give street and number) PACILITY NAME (If not Institution, give street and number) BESIDENCE OF DECEDENT BESIDENCE OF DECEDENT BESIDENCE OF DECEDENT BOS PAN BOS	THER'S NAME (First, Port or Rural Route Num Are SPACIFICATION OF DEATH THER'S NAME (First, Port or Rural Route Num Are 876) ESS OF FACILITY / H — WEST	MAT (Specify Yee or or Ricen, etc.) Middle, Meiden Su John Sor There City or Town, RIVEY da TE 20c, 10CA 193 CAH	DE. COUNTY OF TION CITY OF WABAS WABAS	H d F DEATH 10d. INSIDE CITY LIMITS? 1 Ves 2 \(Notes of
SIDENCE OF DECEDENT STATE 10b. COUNTY STATE 10b. COUNTY MARITAL STATUS Never Married 2 Married PORCES7 1 YES 2 NO 11	OF HISPANIC ORIGINAL POPULATION OF PACIFIC PAC	INT (Specify Yea or or Rican, atc.) Who KIND OF BUSING Middle, Meiden Sur The City or Town, TE 20c, 10CA 193 CAY 1 4300	ING. CITIZEN OF USA ING.— 14. BA BIN SP WABAS WABAS	10d. INSIDE CITY LIMITS? 1 VYES 2 NO F WHAT COUNTRY? ACE — American Indian, etc., Whita, etc. Pocify: BCACK Town, State HU Approximate interval Between
STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION CATON CONTROL OF LOCATION CATON	THER'S NAME (First, FOTH Y FOTO RUPE ROUTE NUM ALL SPECIAL FOTO RUPE ROUTE NUM ALL SPA SPA SPA SPA SPA SPA SPA	MAT (Specity Yea or of Rican, atc.) We KIND OF BUSING Middle, Meiden Su John Sor There, City or Town, a RIVEY da TE 20c, 10CA 193 CAH	r No 14. RABING SP VIESS/INDUSTRY VIESS/IN	LIMITS? 1 YES 2 NO F WHAT COUNTRY? ACE — American Indian, etc., Whita, etc. Poolly: BCACK Apt 12 H 4 10 47/ Town, State Approximate interval Between
ARRITAL STATUS MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, apecific Conference of the process of t	THER'S NAME (First, FOTH Y FOTO RUPE ROUTE NUM ALL SPECIAL FOTO RUPE ROUTE NUM ALL SPA SPA SPA SPA SPA SPA SPA	MAT (Specity Yea or of Rican, atc.) We KIND OF BUSING Middle, Meiden Su John Sor There, City or Town, a RIVEY da TE 20c, 10CA 193 CAH	r No 14. RABING SP VIESS/INDUSTRY VIESS/IN	Apt MAYE Approximate interval Between I
ARRITAL STATUS MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, apecific Conference of the process of t	THER'S NAME (First, FOTH Y FOTO RUPE ROUTE NUM ALL SPECIAL FOTO RUPE ROUTE NUM ALL SPA SPA SPA SPA SPA SPA SPA	MAT (Specity Yea or of Rican, atc.) We KIND OF BUSING Middle, Meiden Su John Sor There, City or Town, a RIVEY da TE 20c, 10CA 193 CAH	r No 14. RABING SP VIESS/INDUSTRY VIESS/IN	F WHAT COUNTRY? ACE — American Indian, ack, White, atc. Pocity: BLACK Apt 12 H 10 47/ Town, Stata Approximate interval Betw
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 YES 2 N	OF HISPANIC ORIGINAL MARICAN, PURTO Specify: THER'S NAME (First, Port or Rural Route Nun Are) FOR THE STANDARD STANDARD SPECIFICATION OF THE STANDARD SPEC	Middle, Meiden Su Johnsor Riverda Te 200, 1004 Te 4300	PRESS/INDUSTRY Viname) State, Zip Code) Le. N. TION City or VONS U;	Apt 12 H 4, 1047/ Town, State 4, Approximate interval Betw
Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify of I YES 2 NO If YES, GIVE WAR OR DATES I YES 2 NO If Yes, specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work done during m	THER'S NAME (First, FO Hy FO Rural Route Nun Ave State H — WEST	Middle, Meiden Su Johnsor Riverda Te 200, 1004 Te 4300	PRESS/INDUSTRY Viname) State, Zip Code) Le. N. TION City or VONS U;	Apt 12 H 4, 1047/ Town, State 4, Approximate interval Betw
College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)	THER'S NAME (First, FO THY FOR OF RURAL ROUTE NUM AVE 8/6/ ESS OF FACILITY / H — WE ST	Middle, Meiden Su Johnsor Mon City or Town, 3 RIVER da TE 200. LOCA 193 CAH	rname) State, Zip Code) Le . W. TION City or ONS U; []. WABAS	Apt 12 H 4, 1047/ Town, State 4, Hud HAVE Approximate interval Betw
INFORMANT'S NAME (Type/Print) Detro Cast 0 Squal Squal Squal Squares (Street and Num Squares 1 2 Mc Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of camble), organizary or offer piece) Donastion 5 Other (Specify) MARCH I	erothy or or Rural Route Num Are 876, ESS OF FACILITY / H - WEST	Johnsor Riverda TE 200,100A 193 Cay	State, Zip Code) Le . W. TION - City or ONSU: 11.	Town, State HAVE Approximate interval Betw.
METHOD OF DISPOSITION Marial 2 Cremetton 3	Ave 8/6, ess of facility /H-WEST	Kiverda TE 200,100A 193 Cay	le N. TION-CHY OF CONSULII	Town, State HAVE Approximate interval Betw
Runtel 2 & Cremetten 3 Removal from State Donstlon 5 Other (Specify) MARCH F PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of a shock, or heart failure. List only one cause on each line. MEDIATE CAUSE (Final ease or condition witing in death) DUE TO (OR AS A CONSEQUENCE OF):	8/6/ ESS OF FACILITY /H-WEST	193 Car	WABAS	H AVE
MARCH E shock, or heart failure. List only one cause on each line. MEDIATE CAUSE (Final ease or condition witing in death) DUE TO (OR AS A CONSEQUENCE OF):	/H-WEST			Approximate interval Between
ALCONSTITUTE TO THE DISCONSISTENCE OF STREET O				Approximate interval Betw
sny, leading to immediate use. Enter UNDERLYING USE (Disease or injury st initiated events suiting in death) LAST	11-11-1			
T II. Other significent conditions contributing to death but not resulting in the underlying ceus				
	given in Part I.	24a. WAS AN AU PERFORME 1 YES 2	ED?	Ab. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL 26 PLACE OF	DEATH (Check only o	pnel		
EXAMINER? HOSPITAL: OTHER:	lealdence 8 - Oth		7-11	
MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT		EŞCRIBE HOW INJI	URY OCCURED	
Netural 5 Panding	□ NO			
Suicide Suicide B Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		CATION (Street and y or Town, State)	Number or Rura	al Route Number,
CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and platonel medical examiners. On the basis of examination and/or investigation, in my opinion, death occurred.				e(a) and manner as states
SIGNATURE AND TITLE OF CERTIFIER 29c. L	CENSE NUMBER	2	9d. DATE SIGNI	EO (Month, Day, Year)
LUNK MAD			08-0	4-93
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RELECTION STORMS TO THE STORMS TO S	n 5739		1	

JE 1 0 1993 John Sandan Ponders

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	must
ij.	I is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical
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ation	#
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State	Tem
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30. NAME AND ADDITION OF PORTION

0 1993

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	FOR 1 - STATE REGISTRAR	STATE OF N					EALTH DEAT		MENTAL	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			1						OF DEATH			3. TIME OF D	EATH
	Thomas Joseph	Ander	son, Jr						Aug			YEAR		м
1 1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH	755		HPLACE (State of	r Foreign
	218-90-0584	tXXM2□F	26	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	066	Count		,
	9e. FACILITY NAME (If not institution, give s									8, 1	900 gc. cou		cyland	
œ							n Localic	OF DE	Ain					
<u> </u>	229 N. Marlyn A	venue			Ess	ex					Ba	ltin	nore	
12	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE C	YTE
DIRECTOR	MD Balt	imore		1	Esse	x							1 YES 2	₩ NO
	10e. STREET AND NUMBER	2			2000		. ZIP CODE				10g. CITI	ZEN OF	WHAT COUNTRY	Y7
18	229 N Marlyn Ave	nue					212	21				USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN?	(Specify Yes		7 10 7 7	CE — American i	indian,
	1 Never Married 2 📉 Merried	FORCES? 1	YES 2	NO			city Cubar 2 NO		n, Puerto R	Ican, etc.)			ck, White, etc.	
B	3 Widowed 4 Divorced						21	9,000,	,-		- 1	Whi		
	15. DECEDENT'S EDU			ECEDENT'S				_	16b.	KIND OF BU	SINESS/IND			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	46	s. Do NOT u	work done se retired.)	aunng mo	st of workin	9						
립	12yrs			st. M	laint	enan	ce S	uper	v.					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, M	liddle, Maiden	Sumame)			
0	Thomas Joseph An	derson,	Sr.				Ja:	net	Hall					
8	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Numb	er, City or Tow	n, State, Zip	Code)		
임	Thomas Joseph An	derson.	SR.	229 N	Mar	1vn	Aven	ue	Balt:	imore,	MD	21	1221	
	20a. METHOD OF DISPOSITION 1 G Burlel 2 X Cremation 3 G Rerr		20b. PLACE	OF DISPO									Town, State	
	1 Buriel 2 X Cremation 3 Rem	oval from State	Cresi	olece) t Law	m					Ba1	timo	re.	MD	
1 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				NAME A	NO ADDRES	SS OF FA	CILITY	1 2 4 2				A-
	A ME		0 11			onno	11,,	Funo	ro1 7	Home o	£ 17-		300 M	ace Av
\vdash	Connelly 1	mera	Mo	ne										MD 21
	23. PART I. Enter the diseases, or ahock, or heart failure.				not ente	r the mo	de of dyl	ng, auc	h as card	lac or resp	iratory an	rest,		l Between
1 1	IMMEDIATE CAUSE (Finel		1										Onset	and Desth
	disease or condition resulting in death)	s	510 N	Can	as									117
		DUE TO	(OR AS A CONSE	EOUENCE C	OF):									J
Z	Sequentially list conditions,	b												
ERTIFICATION	if eny, laading to immediate ceuse. Enter UNDERLYING	DUE TO	(OR AS A CONSE	EOUENCE C	OF):									
2	CAUSE (Disesse or Injury	C	(OR AS A CONSE	OUENCE C	NE).									
1 🖺 1	that initiated events resulting in death) LAST	502 10	(ON AS A CONSE	OUENCE	, , .								j	
E E		d											\rightarrow	
	PART II. Other significent condition	na contributing to	daath but not	rasulting	In the u	nderlyln	g cause g	lven in	Part I.	24a. WAS AN		24	Ib. WERE AUTOPS	
MEDICAL										PERFO			AVAILABLE PR	
									_	1 🗆 153	Z NO		OF DEATH?	
									-				1 TYES 2	U NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T				28 P	LACE OF B	EATH /Ch	on all on	e)				
0	EXAMINER?	HOSPITAL:			OTHE	R:	11	-	1					
≥	1 YES 2 NO	28a. DATE OF		3 ⊔ DOA 28b. TII		I age IN	-	nidence	d-	(Specify)	IN NEW OC	CHIDED		
1 =	1 Natural 5 Pending	(Month, E		IN	JURY		DRK?	7.410	200. DES	CHIBE HOW	INJUNT OC	CONED		
la la	2 Accident investigation	200 BLACE C	F INJURY — At h		atainst An		YES 2	_ 140	204 1 00	TION (Charact	and Mumba		I Route Number,	
8	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	ronne, learni,	street, is	otory, orne				or Town, State		r or norm	THOOLE HUMON,	
				_										
COMPLET	CONSUR UNITY	ICIAN: To the best of												
0	2 MEDICAL EXAMIN	ER: On the basis of s	xamination end/o	r investigat	lon, in my	opinion, o	death occur	red at the	time, date	end place, e	nd due to ti	he cause	(a) and manner	es stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICI	ENSE NU	MBER		29d. DAT	E SIGNE	ED (Month, Day, Y	bar)
0 8	Cac / Pour	CA					M	409	96			8/	1/73	
121	30 NAME AND ADDISON OF PERSON W	to obliga exen out										-		-

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)

Wolfe

e 221

Make the state of the state of

1 -	STATE REGISTRAR

1 - STATE REGISTRAR			L all		(-A)	OF DEA				NO.		
1. DECEDENT'S NAME (First	, Middle, Last)				OAIL	OI DEA		2. DAT	REG. I			3. TIME OF DEATH
Connie	Ω Λ	ndowaan						MON	TH	DAY	YEAR	
4. SOCIAL SECURITY NUME		nderson_ 5. sex	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR JE LIND	ER 24 HRS.	Au	g. 4,	1993	a guerra	5:22a.m. M
570 07 020	/.D	1 M 2 TyF		YRS.		DAYS HOURS	-	(Mon	oth, Day, Your		Counti	ry)
578-07-839		Λ	92		21 21 21				27/01			ington, SC
8101 Easte						TOWN DR LOCA				9c. CO	UNTY OF D	EATH
RESIDENCE OF DEC		. #11307				<u>Silver</u>	Spri	.ng			Mont	gomery
10a. STATE	10b. COUNTY	,		10c CIT	Y TOWN OF	LOCATION						10d. INSIDE CITY
Md		tgomery				Sprin	g					LIMITS?
10a. STREET AND NUMBER		-8				-						1X YES 2 NO
8101 Easter	n Av	enue				101. ZIP CO 20	910			10g. CF	US	WHAT COUNTRY? A
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	AS DECENDENT	OF HISPAI	IIC ORIGI	IN? (Specify	Yes or No-	14. RACE	— American Indian,
1 Never Married 2 3 Widowed 4 Divo			YES 2 1	WO .		yes, specify Cui			Rican, etc.))		k, White, etc. //y: lack
	EDENT'S EDUC		16a. DE	CEDENT'S	USUAL OCC	CUPATION		16	b. KIND OF	BUSINESS/IN	•	
Elementary/Secondary (0	highest grade	College (1-4 or 5	- Ma	ive kind of v Do NOT us	vork done du e retired.)	ring most of wor	king	17				
12 Yrs		4 Yrs	. 1	cher								
17. FATHER'S NAME (First, M		4 115	160	CHEL		16 MC	THER'S NA	ME /First	Middle Mai	iden Surname)		
Fred Bristo	n						There	sa	Johns	on		
Josie And			190	Same	as 1	Street and Numb	or or Rural,	Route Nur & £	mber, City or	Town, State, Z	ip Code)	
20a. METHOD OF DISPOSIT			20b. PLACE	AND DATE (OF DISPOSIT	TION (Name of		OA	TE 20c.	LOCATION -	- City or To	own, State
P Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other		ovel from State	cemetery, cre	matory or of	her place)	Mem Pa	rate S	10/	- 1			
21. SIGNATURE OF FUNERA		ENSEE	- Maryra	m Diff		AME AND ADDR						
1 Que	n S	mill										& Co.
23. PART i Enter the di	seases, or c	omplications the	t caused the de	ath Do n								
shock, or h	eart failure. I	List only one car	see on each line	war. Do i	or orner t	HE HIVUE OF U	yiriy, suc	11 ES CO	I UIEC OF TE	sebiratory a	rreat,	Approximate
			and on each inite									Interval Between
IMMEDIATE CAUSE (Fir	nai											Onset and Death
immediate cause (Fir disease or condition resulting in death)	→ ·	Cere	bro-Vasc		Acci							
disease or condition	→ ·			cular								Onset and Death
disease or condition resulting in death)	+	OUE TO	bro-Vasc	cular	7):							Onset and Death
disease or condition resulting in death) Sequentially list condition and the sequentially list conditions are sequentially list conditions.	lons, diate	OUE TO	bro-Vasc	cular	7):							Onset and Death
disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY!	lons, diate	OUE TO	bro-Vasc	cular	7):							Onset and Death
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Sequentially list condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS	ions, diate NG iny T int condition H	DUE TO	DTO-Vasc (DR AS A CONSEC (OR AS A CONSEC (OR AS A CONSEC	Cular DUENCE DE	-): -):	dent			PER	FORMED?	7 24b	Onset and Death 2 Hrs . WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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OHMH-16 Rev 1/89

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	and the second second		6. AGE (In yrs. lest b	- "	MONTHS DAYS	HOURS	24 HRS.	7. DATE O	F BIRTH		6. BIRTHPLACE (State or Foreig Country)	gn
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ш	HARRY F. BUC	KINGHA	AM .			H	ATT	IE C	LARK			
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5	WM. A. BUCKINGHA	M JR.			PITT :							
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WITHIN 24 H	ompletely fille	I. cremation.	event, the
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Death certifica	by the attending physician and complete	ental Hygiene	1, or item 23 shows any injury, or other traumati
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The law requ	ate has been	the State Dept. of Healt	em 23 shor
JING PHYSICIAN:	r this certifica	th with the 5t	arked, or it
H ALIENDING	RAL DIRECTOR: After this of	urs after deal	nm 28 ls m
HUSPIIAL O	TO THE FUNERAL DI	be filed within 72 hours after death with the	MPORTANT: If Item 28 Is marked, o
1	10 THE	be filed	MPO

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	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND	/ DEPAR	TMEN'	T OF H	DEAT	AND	MENTAL HYGI			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATN			3. TIME OF DEATN
	Jame.	s 1	DIO	WM					AUGUST	7. 19	93	10:44P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)		1 YEAR	IF UNDER		7. DATE OF BIRTN (Month, Day, Year		8. BIRTI	IPI ACE (State or Foreign
1	215-84-8405	1 M 2 F	29	YRS.	MONTHS	DAYS	HOURS	MIN.	3-7-64		BAT	TIMORE
	9a. FACILITY NAME (If not institution, give str				9b. CITY	, TOWN	OR LOCATI	ON OF D	EATN	9c. CO	UNTY OF D	EATN
5	THE JOHNS HOPK	INS HOSP	ITAL		E	BALT	IMORI	E CI	TY	ВА	LTIM	ORE CITY
DIRECTOR	10a, STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
DIA	MARYLAND			BAI	TIM	ORE						LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP COD	E		10g. CI	TIZEN OF Y	WHAT COUNTRY?
E	410 ATHOL AVENU	E					2122	29		UN	ITED	STATES
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN? (Specify			E — American Indian, k, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	X			2 NO		in, Puerto Rican, etc.) y:			CK
	15. DECEDENT'S EDUC	ATION	100	DECEDENT'S	LIGHT O	201174						UN
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+		(Give kind of life. Do NOT u	work done	during mo	st of working	טי	16b, KIND OF	IUSINESS/IN	IDUSTRY	
7	12	College (1-4 07 5 +	'									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, Malo	en Sumame)		
BEC	JAMES M. BROWN						ERN	IEST	INE TIM	MONS	BR 0	WN
10 B	19a. INFORMANT'S NAME (Type/Print)	1		19b. MAILING	ADDRES	S (Street a	nd Number	or Rural i	Route Number, City or	own, State, Z	(ip Code)	
-	ERNESTINE BROWN	V		3309	EL	MOR.	A AV	ENU	E BALTI	MORE	, MD	21213
	20a. METNOD OF DISPOSITION 1 Description Description	welfrom Stgje	20b. PLAC	E AND DATE	OF DISPOS	SITION (Na				LOCATION -		
1	4 Donation 5 (Specify) 21. BIGNATURE OF FUNERAL SERVICE LICE	1 11	KI	NGIONE			PAR			OWIN	GS M	ILLS, MD
	The state of the service of	L Chi	8 10	20			C . M			101		ODTH AVE
_	- VODGEW.	20	ZVA	M								ORTH AVE.
	23. PART I. Enter the diseases, or co shock, or heart failure. L	ist only one ceur	caused the	death. Do i	not entar	tha mo	da of dyl	ing, suc	h aa cardiac or re	piratory a	rreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine)		0			_						Onset and Death
	resulting In death)	·	ne	um	00	11	a	_				3 weeks
_	32.	DUE TO (OR AS A CONS	SEQUENCE O	F):							11/ (1
õ	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONS	SEOUENCE O	F):		•					10 Month
CAT	cause. Enter UNDERLYING	K	a p	05;	'C	S	ar	0	ma			16mayle
Ē	CAUSE (Disease or injury that initiated events	OUE TO	OR AS A CONS	SEQUENCE O	F):		/	1	. 1.	+	1	A TO THE LONG THE
CERTIFICATION	resulting in death) LAST		putun	n (t)	Me	100	600	ten	ma ia Avia	n In	trace	
- 1	PART II. Other significant conditions	contributing to	daath but no	t rasulting				alven in	D. 44 T	N AUTOPSY		WERE AUTOPSY FINDINGS
2	CMV	Retiv	1. 5	5		,			PERF	ORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
									1 YES	2 NO	1	OF DEATH?
ž									_			1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF O	EATH (Ch	ack only one)			
XSI		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		• 5 □ Re	sidence	6 Other (Specify)			
F	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF I (Month, De		26b. TIM	E OF URY	28c. INJ WO	URY AT		28d. DESCRIBE HOV	INJURY O	CURED	
B	2 Accident Investigation				м		'ES 2	NO				
8	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF building, e	INJURY — At tc. (Specify)	home, farm, i	street, fact	ory, offici			281. LOCATION (Stree City or Town, Sta		or or Rural F	loute Number,
<u> </u>	29a. CERTIFIER											
COMPLETED	(Check only											
	2 MEDICAL EXAMINER:	On the basis of exi	imination and/o	or investigation	n, in my o	pinion, d	ath occur	ed at the	ilme, date and place,	and due to t	the cause(a) and menner se stated.
8	296. SIONATURE AND TITLE OF CERTIFIER	1			MA I		29c. LICE	NSE NUN	IBER	29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND AODRESS OF PERSON WHO	COMPLETEO CAUSI	OE OEATH	EM OTO	MI)	JF	14	(2214		0/7	143
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BALTIMORE, MARYLAND 21215-0020

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OCHIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should perform the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WIT II III III 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		CLITTI	ICATE OF	DEALL	REG. N	10.	
CLEO		BLUE			2. DATE OF DEATH MONTH 8 -	6 - 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215 - 56 - 1745	1 💢 M 2 🗌 F	AGE (In yrs. lest birthday) 41 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	B.	ALTIMORE, MI
90. FACILITY NAME (If not institution, give 1721 E. 31st Stre			96. CITY, TOWN Baltimo	OF LOCATION OF D	EATN	9c. COUNTY	OF DEATN
MARYLAND 106. COUNT	TY .	10c. CIT	Y, TOWN OR LOCA BALTIM			11140	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1721 E. 31 STR	REET		10	21218		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR O	YES 2 NO	If yes, s		NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yes or No — 14.	RACE — American Indian, Black, Whita, atc. Specify: BLACK
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	UCATION (e completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of the life. Do NOT us DISAB	USUAL OCCUPATE work done during m se retired.)	ON ost of working	16b, KIND OF	BUSINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Last) JAMES EDWARD B	LUE				AME (First, Middle, Mak		
19e. INFORMANT'S NAME (Type/Print) OLIVIA BLUE		196. MAJLING	ADDRESS (Street	and Number or Rural	Route Number, City or	lown, State, Zip Coo	, MD 21218
20e. METHOD OF DISPOSITION 1X_Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE COMMERCY AT A PROPERTY OF S	OF DISPOSITION (N	ame of	DATE 20c.	LOCATION - City WINGS	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LI	te to	Jones	WM.C.		H./1101 E		
shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate	a. Re DUE TO (OR	AS A CONSEQUENCE OF AS A C	91/42				Approximate interval Betwee Onset and Dei
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR	AS A CONSEQUENCE OF	F):				
PART II. Other significant condition	ns contributing to dea	ith but not resulting	in the underlylr	g cause given in	PERI	AN AUTOPSY FORMED?	AMAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P OTHER:	LACE OF DEATH (C)	PERI 1 YES	ORMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending		/Outpatient 3 DOA	26. P OTHER: 4 Nursing Hor IE OF 28c. IN JURY W	LACE OF DEATH (C)	PERI 1 TYES	PORMED?	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER 28a. DATE OF INJ (Month, Day, X)	//Outpetlent 3 DOA URY 26b. TIM INJ JURY — At home, farm,	26. P OTHER: 4 Nursing Hor IE OF 28c. IN WINTY W 1	LACE OF DEATH (C) no 5 X Rasidence JURY AT ORK? YES 2 \[\] NO	PERI 1 YES heck only one) 6 Other (Specify)	W INJURY OCCURI	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	HOSPITAL: 1 Inpatient 2 ER 28s. DATE OF INJ. (Month, Day, Y) 26s. PLACE OF INbuilding, etc.	/Outpetlant 3 DOA URY 26b. TIM ber) 18J JURY — At home, farm, (Specify) 18	26. P OTHER: 4 Nursing Hor IE OF 28c. IN WW 1 street, factory, office ed at the time, dat	LACE OF DEATH (C) ne 5 Residence JURY AT JURY AT YES 2 NO ne and place, and due	PERI 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Stre City or Town, St.	W INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJ (Month, Day, Y 28a. PLACE OF IN building, etc. SICIAN: To the beat of my IER: On the beats of exami	/Outpatient 3 DOA URY 28b. TIM Bar) JURY — At home, farm, (Specify) knowledge, deeth occurrenation and/or investigation	26. P OTHER: 4 Nursing Hor IE OF 28c. IN M 1 street, factory, offix ed at the time, det on, in my opinion,	LACE OF DEATH (C) no 5 X Residence JURY AT DRK? YES 2 NO no no end piece, and dur death occured at the	PERI 1 YES 1 YES 1 YES 1 YES 28 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Streethy) 28f. LOCATION (Streethy)	W INJURY OCCURI	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO

SELOT AND

YEAR

9c. COUNTY OF CEATH

20707

BALTIMORE CITY

10g. CITIZEN OF WHAT COUNTRY?

United States

White

14. RACE — American Indian, Black, White, alc.

3. TIME OF NEATH

8. BIRTHPLACE (State or Foreign

Washington DC

10d. INSIDE CITY

1 TES 2 X NO

20707

Approximate

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 TES 2 NO

OF DEATH?

29d. DATE SIGNED (Month. Day, Year)

intarvai Between Onset and Death

12:50 A.M.

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAMF (First Middle, Last)

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08-06-1993 John Jesse Burroughs Jr. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. CHTHO DAYS HOURS (Month, Dev. Year) 07-23-1940 1 MM 2 | F 578-52-1200 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TANK OR LOCATION OF DEATH UNIVERSITY OF MARYLAND HOSPITAL DIRECTOR BALTIMORE, MARYLAND RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince George's Laurel FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 6605 Weaver Court 20707 24 nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 XMarried II yes, specify Cuban, Maxican, Puerlo Rican, etc.)

1 YES 2 NO Specify: ВУ IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 6 Teacher School School once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maider Sumame) pe notified at John J. Burroughs Sr. BE Ann McEleveen DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Linda Burroughs 6605 Weaver Court, Laurel MD 20a. METHOD OF DISPOSITION
1 X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Washington National Cem. 8-9-93 Suitland, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home Inc. 7601 Sandy Spring Rd, Laurel MD 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** disease or condition CARDIO RESPIRITOR Y DUE TO (OR AS A CONSEQUENCE OF): within resulting in death) executed PERIC MEDIAL MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? Disense 1 TYES 2 NO HEPATITIS B INFECTION PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) The HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, term, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 8 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. FUNERAL (= 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 29c LICENSE NUMBER BE MD aburt Lay Hopkins 2 30. NAME AND ADDRES WOF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Javidson-Andele

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOX

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH JOHN BATTEN AUGUST 1993 8 4:17 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) 215-12-5155 DAYS 1) 1 M 2 | F HOURS YRS. 70 10/4/22 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR <u>THE JOHNS HOPKINS HOSPITAL</u> BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDEN 10a. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTO. CITY M.D. TYPES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1011 N. CHAPEL 21202 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 → YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married XX Married If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 TES 2 NO ВҰ Specify: 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) M.D. HOSPITAL LAUNDRY SUPERVISOR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CENTRAL BATTEN BE GLADYS EDWARDS BATTEN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROSE BATTEN 1011 N. CHAPEL ST BALTO M.D. 20s. METHOD OF DISPOSITION
35 \$ Burlel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION - City or Town, State GARRISON OWINGS MILLS M.D. FOREST VET. 81/13 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LOCKS FUNERAL HOME/ 1304 N. CENTRAL Dome A 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heert failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finsi Onset and Death disesse or condition resulting in deeth) R 0 15 PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OH AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 TES 2 NO P M25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITUE OF CERTIFIES BE 2 EATH (ITEM 27) (Type, Print)

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			NTAL HYGIEN	E	
- 1	1. DECEDENT'S NAME (First, Middle, Last) EDWIN	BROWT	BROWN		2	DATE OF DEATH	3 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 226-12-2009 9a. FACILITY NAME (If not institution, give	1 □XM 2 □ F 7	2 YRS.	IF UNDER 1 YEAR	HOURS MIN.		L920 1	BIRTHPLACE (State or Foreign Country) /IRGINIA
TOR	121 ILENE ROAD RESIDENCE OF DECEDENT	street and number)		GLEN BU	PRICATION OF DEATH	H .	9c. COUNTY ANNE	ARUNDEL
DIRECTOR		ARUNDEL		TOWN OR LOCAT EN BURNI				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	104. STREET AND NUMBER 121. ILENE ROAD				ZIP CODE 21060		U.S.	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAWN II	2 NO	If yes, spe	endent of Hispanic of the Cuben, Mexican, P 2 NO Specify:	ORIGIN? (Specify Year Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S U: (Give kind of wo	SUAL OCCUPATION Reserved.)	N st of working	16b. KIND OF BUS	INESS/INDUST	RY
MP	12	NONE	FREIGHT	AGENT		B & O F		AD
	17. FATHER'S NAME (First, Middle, Last) SELBY S. BRO	NWC			18. MOTHER'S NAME	(First, Middle, Maiden : ARGUERITE	1-5	JSHOLDER
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS. MARGARET C.	BROWN			nd Number or Rural Rout AD, GLEN		n, State, Zip Coo	10)
	20g. METHOD OF DISPOSITION 1X Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from Stata cem	PLACE AND DATE OF etery, crematory or othe OVETTSVII	DISPOSITION (Nei	N CEMETER	/93	EATION — CHY	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	- Herkin	7	1 SECO		SINGLET S.W.,GLEN	BURNI	MERAL HOME ME,MD.21061
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Metas OUE TO (OR AS A OUE TO (OR AS A	consequence of:	0	Overall	s cerdiec or respir	atory errest,	Approximate interval Between Oneat and Death 2 Years
MEDICAL	PART II. Other significent condition	e contributing to deeth be	ut not resulting in	the underlying	ceuse given in Par	1 L 24s. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check of	only one)		
YSE	1 TES 2 NO	1 Inpatient 2 ER/Outp	etlent 3 DOA 4	OTHER: Nursing Home	5 Residence 8	Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (TY WOF		d. DESCRIBE HOW IN	JURY OCCURE	ED
TED BY	2 Neckdent Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Special Control of the Contro	— At home, farm, stre			f. LOCATION (Street ar City or Town, State)	nd Number or R	ural Route Number,
COMPLETED		ICIAN: To the best of my knowless: On the beals of examination						use(a) and manner as stated.
BE	296. SIGNATURE OF STITLE OF STREET	in			29c. LICENSE NUMBER			INED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF DEA		GATE		ANNA	PM	d 21401
7	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					

AND SAME

	1. DECEDENT'S NAME (First, Middle, Linst)	MargaretA	gnesorko	owski			2. DATE OF BU	80 pay 08	93 YEAR	3.000 DEATH
	4249L\$QUITOBB9 213-12-0809		AGE (in yrs. last b	YRS. WONTHE	YEAR IF U	NDER 24 HRS.	7. DATE OF BII (Month, Dev. March2	9,1922		IPLACE (State of Foreign
TOR	98. FACILITY NAME (II-not institution, give Church He		1	96. CITE	1.	CATION OF D	EATH		INTY OF D	EATN
DIRECTOR	10e. STATE MD 10b. COUNT	Y		Baltim		25				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10. STREET AND NUMBER 201 N. Washingto	on St.,Apt	308, Ba	altimore	101. ZIP 0				SA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed &XDivorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	B		Cuban, Maxico	NIC ORIGIN? (Spi an, Puarto Rican, ly:		14. RACI Blac Spec Whi	
IPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7th grade	CATION completed) College (1-4 or 5+)	(Give life, D	DENT'S USUAL OF kind of work done of NOT use retired.)		rorking		OWN h	DUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Stanley James	Rajewski					AME (First, Middle, an Elea	Meiden Surneme) nore Pa	lanov	vski
10	Irene Schultz			MAILING ADDRESS DO1 Silv					p Code)	
	20e. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	noval from State	cemetery, crema	tory or other place) Cremato				20c. LOCATION — Baltimo		
	21. SIGNATURE OF FUNERAL SERVICE U			22, I	ame and adh	on Fun	eral Ho			
CERTIFICATION	shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. G / OUE TO (OI b. ESO DUE TO (OI CAY		el ence of):	Vo	ns'c	es	rev		Interval Bets Onset and D
MEDICAL (PART II. Other algorificant condition	na contributing to da	eath but not rea	ulting in the un	arlying cau	aa given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	246	WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
TED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 1 inpatient 2 E 28e. DATE OF IN. (Month, Day. 28e. PLACE OF II building, etc.	JURY Year)	DOA 4 Nurs 26b. TIME OF INJURY M b, farm, street, factor	ng Home 5 [28c. INJURY A WORK? 1 YES	Residence		HOW INJURY OC		Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of exam			Inion, death o		time, data and p	lecs, and due to t	he cause(
TO BE	30. NAME AND ADDRESS OF PERSON WITH	mo	OF OEATN (ITEM :	27) (Type, Print)	29c.	143	159	>	8/	(Month, Day, Year) 8 93
4	Modupe Oban 31. DATE FILED (MONITY, Day, Year) AUG 1 0 1993	Jine Chy 32. REGISTRAN'S Fulla Davidson	rch H	OSPITAL	Ba	1710	Broad	Maryl	and	/ 21231

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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) Rhoda English Brown 2. DATE OF DEATH Q8/08/938 3. TIME OF DEATH hoda 3:00 A M 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 04/10/04 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 27 219-16-4034 89 Georgia permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Howard County General Hospital Columbia Howard RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Timonium 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? by the funeral director, page 5 should be detached for use as the burial-transit removal. 44 Merrion Court 21093 USA hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: 8 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) <u>Broker</u> Real Estate 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surne notified at Patrick English Florence BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hughes 44 Merrion Court Jane 21093 Timoium. MD 20a. METHOD OF DISPOSITION
1 Burlat 2 TX pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Burial 2 Cremetion 3 Pier Donation 5 Other (Specify) Metro Crematory, Inc. 8/9 A Donation Baltimore, MD 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE seos George E. MacNabb 299 Frederick Road Balto.,MD 21228 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, completely filled in by rial, cremation, or remo Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the disease or condition Ldom perforation HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, QUE TO (OR AS A CONSEQUENCE OF) the attending physician and con Mental Hygiene prior to burial, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other t QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 e Dept. of Health and Mental F m 23 shows any Injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) this certificate his with the State E item HOSPITAL:
1. Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 10 me 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investige BY 1 YES 2 1 NO After th 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 COMPLETED FUNERAL DIRECTOR: vithin 72 hours after o Item 28 4 Homicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. The state of the cause(s) and manner as stated. The state of the cause(s) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c LICENSE NUMBER 포를 B CONGERUM) 01 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) (05 Davidson-Randell 0 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	REG. NO.

FOR . STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGI REG.		20012
1. DECEDENT'S NAME (First, Middle, Legel	VE VE	RA WARFIE	LD BRIG	GS	2. DATE OF DEATH	8/3/93	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-46-8750	5. SEX 6. AG	E (In yrs. lest birthday) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH	07	BIRTHPLACE (State or Foreign MARYLAND
9a. FACILITY NAME (If not institution, give VILLA ST. MICHAE)			9b. CITY, TOWN BALT	OR LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH
RESIDENCE OF DECEDENT 100. STATE 10b. COUN MARYLAND A	NNE ARUNDEL	10c. CIT	Y, TOWN OR LOCA				10d. (NSIDE CITY LIMITS? 1 YES XX NO
100. STREET AND NUMBER 209 HAWTHORNE RO				11. ZIP CODE 2 10 90			N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3. Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, a	CENDENT OF HISPAR pecify Cuban, Maxica S XIX NO Specify	NIC ORIGIN? (Specify n, Puerto Rican, etc.	Yea or No— 1	4. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EC (Specify only highest gra-	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v iife. Do NOT us HOME MAK	vork done during m retired.)	ON ost of working	16b. KIND OF	BUSINESS/INDUS	STRY
17. FATHER'S NAME (First, Middle, Last) HIRAM WARFIELD		HOPEPAK	TAK.	16. MOTHER'S NA	ME (First, Middle, Mai		
190. INFORMANT'S NAME (Type/Print) EUGENE R. WARFIE	LD (NEPH	and the second		and Number or Rural	Route Number, City or	Town, State, Zlp C	
2ps METHOD OF DISPOSITION 1A Meurial 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNE METHOD	moval from State	tob. PLACE OF DISPOS other place)	E MEMOR	emetery, cremetory or	8/5/93	LOCATION — CH	ty or Town, State
23. PART I. Enter the diseases, o	en the	100	LEROY 1630	M. & RUS	SSELL C.	CATONSV	FUNERAL HOMES VILLE, MD.2122
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. No of DUE TO (OR AS	and line.	net	(cereb	ral /n	no	Interval Between
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF					
PART II. Other algorificent conditions	ona contributing to death	· O/a	In the underlyle	ng cause given in	PEF	S AN AUTOPSY FORMED? S 2 \(\sum \) NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (CA	eck only one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea.	Y 26b. TIM	4- Nursing Ho	me 5 Residence JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HO	OW INJURY OCCU	IREO
2 Accident investigation 3 Suicide 6 Could not b 4 Homicide detarmined	28e. PLACE OF INJU	RY — At home, farm, pecify)	street, factory, offi	ce	28f. LOCATION (St. City or Town, S		r Rural Route Number,
and only	SICIAN: To the best of my kn						d. cause(a) and manner ee stated.
29b. SIGNATURE MO TITLE OF CERTIF		3/1	0	29c, LICENSE NU			SIONED'(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	SOMPLETED CAUSE OF	7220 /	Park	H15. 1	9VE	Balt	o. Hd 21268
31. DATE FILED (Month, Day, Year) ALIC 1 0 1003	32. REGISTRAR'S SI			1-1-		•	

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March and while the last of the last

Pages 1, 2, 3 should

FUNERAL DIRECTOR

BY

BE COMPLETED

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marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m

4

FOR

REGISTRAR				CERTIF	ICATE	OF	DEA	TH		REG. NO).		
1. DECEDENT'S NAME (First, M	Alddle, Last)	Beh	NKE	-					2. DATE MONT	OF DEATH	MY 93	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER			OF BIRTH		8. BIRTH	PLACE (State or Foreign
480-30-6151		1 🗆 M 2 💢 F		2 YRS.	MONTHS	DAYS	HOURS	MIN.	Dec	h, Day, Year'	1900	Countr	" Iowa
9a. FACILITY NAME (If not instit	tution, give at	reet and number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE		1 27		NTY OF D	
Suburban Hos	pital				Bet	hes	da				Mor	ntgor	mery
10a. STATE 1	IOB. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
Maryland	Mont	gomery		R	ckvi	lle							LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
6909 Old Sta	age Ro	ad					208	352			Imi	t-pd	States
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED	13. V	MAS DEC	ENDENT C	F HISPAN	IIC ORIGIN	? (Specify Ye			- American Indian, White, stc.
1 Never Married 2 Ma	7.4	FORCES? 1		NO			2 NO	n, Mexica Specify		Ricen, etc.)		Black Speci	
3 Widowed 4 Divorce	ed						- AV.	ароопј				арва	White
15. DECED (Specify only h	ENT'S EDUC	ATION Completed	16a.	Give kind of	USUAL OC	CUPATIO	ON .		16b	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12		College (1-4 or 5 -	+)	Ille. Do NOT us	e retired.)	way mo	SI OF WORKS	Ŋ					
12				Homen	naker					Own H	ome		
17. FATHER'S NAME (First, Midd	flo, Last)						18. MOT	HER'S NA	ME (First, I	Middle, Maiden			
John R. Stri	cklan	Б					Na	llia	Armo	strong			
19a. INFORMANT'S NAME (Type				19b. MAILING	ADDRESS	(Street a					n State Zin	Codel	
Kathleen Jon	aedvk									rille.		208	152
20a. METHOD OF DISPOSITION t ☑ Burial 2 ☐ Cremetion				CE AND DATE	OF DISPOSI				OAT		CATION -		
4 Donation 5 Other (Sp		will from Statu	- Cak	Hill (ther plece)	erv				Da	rkore	hurc	, Ia.
21. SIGNATURE OF FUNERAL S	SERVICE LIC	ENSEE	,				D ADDRE	SS OF FA	YTLIK	1 10	TVCTS	Durc	, La.
Kusa	0.	Mila	2 m				PEARS				MES 2	847	Wilson Blvd
23. PART I. Enter the dise	eses, or c	ompilcations the	t caused tha	death. Do r	ot anter	the mo	de of dy	ng, suci	as card	liac or reap	iratory err	est.	Approximate
snock, or naai	rt tallure. L	ist only one cau	se on aach i	iina.							•		interval Between
iMMEDIATE CAUSE (Final disease or condition reaulting in death)		Bul		wscu									Onset and Death
Page and all that are distanced	. 6		OR AS A CON		,.								2 Days
Sequantially list condition if any, laeding to immedia	ite												
cause. Enter UNDERLYING CAUSE (Disease or injury		H 2 b	OR AS A CON	12000									1100
that initiated events resulting in death) LAST	L.	MUL"		~ FA	,	D	en	121	TIA	_			Years.
PART II. Other aignificent	conditions	contributing to	deeth but no	ot resulting i	n the unc	derlying	ceuse (iven in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 1 NO 1 TES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

31

Tulv

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 2 NO 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my edge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On red at the time, date and place, and due to the cause(s) and manner as stated.

9 06 3

ETED CAUSE OF DEATH (ITEM 27) (Type

Salander 11119 Rockville Pike, Md. 20852 #204 (Bethesda) James

Like Trijdom AUG 0 1993

E AND TITLE OF CENTIFIER

1993

100

Mill 1933 John and work of the

3. TIME OF DEATH 1:41

on, In my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated.

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

			JOHN	М.		CERR	(A			/	<u> AUGUST</u>	8	, 19	93	1:41
		SOCIAL SECURITY N 15-16-96		5. SEX	8. AGE (In yrs		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 8	ыятн <u>У</u> 2 °3		Mari	yland
~	1	. FACILITY NAME (If n					9b. CITY	TOWN C	OR LOCATION	ON OF DEA	тн		9c. COUN	TY OF DE	
100	R	THE JOHNS	HOPKI	NS HOSPI	TAL		BAL	TIMO	ORE C	ITY			BAL	OMIT	RE
DIRECTOR		aryland	10b. COUN	TY			y, town o Balt								10d, INSIDE CIT LIMITS? 1 YES 2
FUNERAL	li l	422 E. I		Street					. ZIP CODE					J.S.	HAT COUNTRY? A.
B	18	MARITAL STATUS Never Married 2 Widowed 4		12. WAS DECEDE FORCES? IF YES GIVE	NT EVER IN U.S. 1-1 YES 2 WAR OR DATES	ARMED NO		f yes, spi	ENDENT Cooling Cube	n, Mexicen,	ORIGIN? (Sp Puerto Rican	pecify Yea o	or No—	14. RACE Black, Specify	- American Ind. White, atc. White
COMPLETED	F	(Specify Elementary/Secondar	DECEDENT'S ED only highest grac ry (0-12)	UCATION de completed) College (1-4 or 9		OECEDENT'S (Give kind of life. Do NOT us	work done (se retired.)	CCUPATIO	ON ist of workin	9	16b, KIN	O OF BUSIN	NESS/IND	USTRY	
SOMP	17.	12th	t Mickelin Last)			Gro	cer		40 14077		Ce:			s. M	Market
141	13	Santo		Cerr	a					elin		s, Maiden St		Tro	tta
TO BE		INFORMANT'S NAM				19b. MAILING									_
-	-	cank & J				3422				tre	et Ba				
	138	E METHOD OF DISPO Burlel 2 Crem Donation 5 0	SITION ation 3 - Red	moval from State	20b. PLA	CEAND DATE	of DISPOS	ITION (Na	me of	Ω_1	OATE	20c. LOCA	ATION —	City or Tow	m, State Mary 1
											1 - 9 3	Ball		TH	
	21.	SIGNATURE OF FUR	eral service i	Ban	nub		J (26	S S	oh N	s of FACI Za onkl	nning	o Jr Stre	. Fi	uner Balt	al Ho
	21. 23 IM di	DANGLE OF FUND	enal service L disposes, or r hepit fatture (Fine)	somplications the	nat coused the	deeth. Do s	J C 26	S S	oh N	s of FACI Za onkl	nning	o Jr Stre	. Fi	uner Balt	Cal Ho
ERTIFICATION	21 IM did re	PART L Enter the shock, of the part of the shock of the part of the same or conditions.	enal SERVICE L	a DUE T	o on as a con	deeth. Do i	22. J C 26 not enter	S S	oh N	s of FACI Za onkl	nning	o Jr Stre	. Fi	uner Balt	al Ho
MEDICAL CERTIFICATION	23 IM dli re Si if ca C/	L PART LEnter the shock, of MEDIATE CAUSE seese or condition suiting in death) requentielly list con any, leading to imuse. Enter UNDEF AUSE (Disease or lat initiated events	e disposes, or heart fathure (Fine) dittions, mediate ILYING injury AST	b. OUE TO	o OR AS A CON	deeth. Do ine.	Pi:	NAME AND SOLE	in ADDRESON NO.	ss of FACI 2 a onk1	ing S	o Jr Stre	et] atory arm	uner Balt est,	al Ho
SICIAN: MEDICAL CERTIFICATION	23 IM did re	PARTLE Enter the shock, a sesse or condition suiting in death) aquentielly list con any, leading to imuse. Enter UNDER AUSE (Disease or at initiated events suiting in death) L	a disposes, or heart fathure (Fine) dittions, mediate ILYING injury AST	b. OUE T d. HOSPITAL:	o OR AS A CON	deeth. Do ine. SEOUENCE OF SEQUENCE OF TRESUITING	22: JC 26 26 26 26 26 26 26 26 26 26 26 26 26	derlying	on ADDRESON NO.	ss of FACI 2 a Onk1 ng, such	art I. 24a.	O Jr Stre or respira	et] atory arm	uner Balt est,	Cal Ho
N: MEDICAL CERTIFICATION	21 IM did re Sol if Ca CJ th re:	I. PANT LETTER THE STANDARD AND THE SERVICE OF CONDITION OF CHART UNDER AUSE (Disease or at initiated events suiting in death) LART U. Other eignification of the suiting o	a disposes, or heart fathure (Fine) dittions, mediate ILYING injury AST	b. OUE T d. HOSPITAL: 1 Vingstiert 2 2 26. DATE O	D (OR AS A CON O GOR AS A CON O GOR AS A CON O GOR AS A CON	deeth. Do sine. SEQUENCE OF SEQUENCE OF TESTINGS	P: OTHER 4 Num	derlying 26. PL ting Home	on ADDRESON NO.	ss of FACI 2 a Onk1 ng, such liven in Parity (Check stdence 8	art I. 24a.	O Jr Stre or respira VAS AN AL PERFORM YES 2	et] atory arm	uner Balt est,	Cal Ho

TO THE HOSPITAL OR ATTENDING PHYSICI TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the IMPORTANT: If Ilem 28 is marked, or

COMPLETED

BE 0 10 29b. SIGNATURE AND TITLE OF CENTIFIER

AUG 1

MEDICAL EXAMINER: On the

29a. CERTIFIER
(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REG. NO.								
	1. DECEDENT'S NAME (First, MIGGIR, List) Antoinetta Cavallaro 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY OS 06 93 5:35 F.M.								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign								
	209-01-9618 1 M 2 DF 86 YRS. MONTHS DAYS HOURS MIN. (Month, Day Year) 07-07-07 TTALY								
~	Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	F. S. K. M.C., Bultimore.								
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY								
	MD. BALTIMORE LIMITS?								
FUNERAL	3419 CIAREHOUNT STREET 21224 109. CITIZEN OF WHAT COUNTRY?								
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT DF HISPANIC ORIGIN? (Specify Yes or No- 14. RACE — American Indian, 15. Never Married 2 Married 1. West of the State of the Sta								
B⊀	Never Married 2 Married FORCEST 1 YES 2 MIO								
딢	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Clive kind of work done during most of working								
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) We. Do NOT use retired.) HOMEMAKER HOME								
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)								
BE C	LUCIANO ORNABENE MARIA SANTA								
2	196. INFORMANT'S NAME (Type/Print) ALFRED Cava (ARO 200 S, Facker H. 21372)								
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY 23. NAME AND AGORESS OF FACILITY								
	Marea & Januaro Zos S, Conk cing St. 7122								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,								
	shock, or heart failure. List only Dne cause Dn each line. Interval Between Onset and Death Onset and Death								
	disease or condition								
	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, but Specific to (or as a consequence of):								
SAT	If any, leading to immediate cause. Enter UNDERLYING								
F	CAUSE (Disease or injury that Initiated events DUE TO (DR AS A CONSEQUENCE OF):								
H	resulting in death) LAST								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?								
EDICAL	PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
ME	1 U YES 2 AO								
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
14S	1 YES 2/1 NO 1 InpetIent 2 ER/Outpatient 3 DOA 4/2 Nursing Home 5 Residence 6 Other (Specify)								
	1 Metural 5 Pending (Month, Day, Year) INJURY WORK?								
D BY	3 Suicide 6 Could not be 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								
ETED	4 Homicide detarmined								
PL	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIED ATE SIGNED (Month, Day, Year)								
2	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
6	W. S. Greenough & no so Rait 2/224								
65	AUG 1 0 1993								

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 23016 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE 93	3 23016				
	1. DECEDENT'S NAME (First, Middle, Last) ELAINE	TENKINS	COLE	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH				
A HOME	4. SOCIAL SECURITY NUMBER 215 323293	5. SEX 8. AGE (In yrs. last birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		B. BIRTHPLACE (State) or Foreign Country)				
N.	PAPILITY NAME (If not institution, give a	Health Center	9b. CITY, TOWN OR LOCATION OF E	PEATH 9c. COUNT	Balto				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y 16c. CITY,	, TOWN OR LOCATION		10d. INSIDE CITY				
	10e. STREET AND NUMBER	1	101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?				
FUNERAL	4005 Eldo	12. WAS DECEDENT EVER IN U.S. ADMED			4. RACE — American Indian,				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexic 1 YES 2 NO Spec		Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elevistrani/Secondary (0-12)	College (1-4 or 5+) 18a. DECEDENT'S L (Give kind of we iffe. Do NOT use	USUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUSINESS/INDU	STRY				
000	17. FATHER'S NAME (First) Middle, Lest)		18. MOTTHER'S N	AME (First, Middle, Maiden Symane)					
O BE	HE THE GRANT'S HAME (Type-Print)	en Kins	ADDRESS (Street and Number or Flure	Rough Mumber, City or Town, State, Zin C	enan				
=	JESSIE -	200 PLASE AND DATE OF	5 Eldora	da HVE BA	1 to, MO 21213				
	Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	noval from State campar, crematory or oth	""Park	8/10/93 Van	dallstur, Ad				
	→ Glade	Wane	22. NAME AND ADDRESS OF A	HWest	Le				
	shock, or heart feilure.	complications that coused the deeth. Do no List only one cause on each line.			Interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	B. RESPIRAT	1	LURE	Onset and Death				
2	Sequentially that conditions & PNEUDMPNIA								
HIFICATION	If any, leading to immediate cause. Enter UNDERLYING								
CERTIF	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): 						
À.	PART II. Other algorificant condition	na contributing to deeth but not resulting in	A CTO A C+	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
BY PHYSICIAN: MEDIC	HYPERTENSION, ASCVD; GASTROSTOMY TUSE; ARTHRITIS; CONFUSION PERFORMED? OF								
AN	HTORO C 25. WAS CASE REFERRED TO MEDICAL	HIDRO CEPHALUS 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
25	EXAMINER?		OTHER: 4 Nursing Home 5 Residence	8 Other (Specify)					
LAL	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCU	IRED				
	3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY — At home, ferm, st building, etc. (Specify)	reet, factory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.								
N N	29b. SIGNATURE AND TITLE OF CERTIFIE		29c. LICENSE NI		SIGNED (Month, Dey.) Year)				
2	30. NAME AND ADDRESS OF PERSON WH	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, MD, NORTHWEST	HOSPITAL C	FNIER BAL	TO NO 21133				
3	31. DATE FILEO (Month, Day, Year) AUG 1 0 1993	32 BEGISTAGE BIGNATURE	* W						

The distance of the state of the

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M)
BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

E STRAR		C	ERTIF	ICATE C	F DEATH		TAL HYGIEN			
IT'S NAME (First, Middle, L							ATE OF DEATN		VEAD	3. TIME OF DEATH
ster							08 07			1830 M
		_				M (A	fonth, Day, Year)		8. BIRTHP Country,	
		74	YHS.				n. 1, 19			Maryland
					0:1					ATN
3318 Bayonne Avenue				Balt	ımore		, I cy			
10a. STATE 10b. COUNTY		10c. CIT	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?					10d. INSIDE CITY LIMITS?		
Maryland 10e. Street and NUMBER								YES 2 NO		
Control Control Control			Δ							
		MED 13. WAS DECENDENT OF NISPANIC			0111000					
Married 2 Merried	IF YES, GIVE W		NO	If yes	, specify Cuben, Me	xicen, Pue	rto Rican, etc.)			
3 Wildowed 4 Divorced WW II										White
(Specify only highest (rrade completed)	(G	live kind of a	vork done during	ATION most of working		16b. KIND OF BUS	INESS/INDU	STRY	
8	College (1-4 or 5 +)						Balt	imore	- Cit	v Govit
NAME (First, Middle, Last					16. MOTHER'S	NAME (FI				<i>y</i> act c.
	Lester	N. Carr	oll			Cathe	erine E.	Sac	ler	
	essina	7								
2 Cremation 3 🗆	Removal from State	cemetery, cre	matory or o	of DISPOSITION	(Name of					
	E LICENSEE Milton						_			Maryland
mitter	National States	Nily	וונ טו		and 1	Duck		•		
l. Enter the diseases	or complications that	sused the de	eth. Do r	ot enter the	mode of dying,	auch as o	ardiec pr reapi	atory arre	et.	Approximate
andex, or least reliure. List only one ceuse on each line.										
disease or condition resulting in death) - A Torioschore coordinatellar 2 38848										
DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, Dus To (OR AS A CONSEQUENCE OR).										
er UNDERLYING			DOLINGE OF	,.						
CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
resulting in death) LAST										
ther significant cond	tions contributing to d	leeth but not r	asulting i	n the underly	/ing ceuse giver	in Part I	. 24a. WAS AN	WTOPSY	24b. V	VERE AUTOPSY FINDINGS
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E REFERRED TO MEDICA	L HOSPITAL:				. PLACE OF DEATH	(Check only	y one)			
ER? B 2 NO	HOSPITAL:			OTHER: 4 Nursing I	lome 5 K Resider	ice 6 🗆 C	Her (Specify)		_1	
ER? S 2 NO OF DEATH	HOSPITAL: 1 Inpatient 2 Inpatient 2 (Month, Da)	NJURY	28b. TIM	OTHER: 4 Nursing h E OF 28c.	lome 5 K Resider	28d.	,	JURY OCCU	JRED	
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ER? S 2 NO OF DEATH	HOSPITAL: 1 Inpatient 2 28e. DATE OF II (Month, Da) on 28e. PLACE OF building, a	NJURY , Year) INJURY — At ho	28b. TIM INJ	OTHER: 4 Nursing F E OF 28c. URY 1	Injury AT WORK? YES 2 NO	28d.	Her (Specify)			rle Number,
ER? 5 2 NO OF DEATH rel 5 Pending investigation ide 8 Could not determine	HOSPITAL: 1 Inpatient 2 26e. DATE OF il (Month, Da) on be d 28e. PLACE OF building, a	NJURY ; Year) INJURY — At ho tc. (Specify)	28b. TIM INJ me, ferm, s	OTHER: 4 Nursing It E OF	injury at work? YES 2 NO	28d.	htter (Specify) DESCRIBE HOW IN OCATION (Street as	nd Number o	r Rural Ro	rte Number,
ER? 2 NO OF DEATH reflect 5 Pending Investigate ide 8 Could not determine ER 1 CERTIFVING Pinly	HOSPITAL: 1 Inpatient 2 28e. DATE OF II (Month, Da) on 28e. PLACE OF building, a	NJURY , Year) INJURY — At hor ic. (Specify) ny knowledge, de	28b. TIM INJ me, ferm, s	OTHER: 4 Nursing H E OF 28c. URY M 1 [street, fectory, o	injury AT WORK? YES 2 NO	28d. 28f. L	hther (Specify) DESCRIBE HOW IN OCATION (Street a: City or Town, State) cause(e) end mani	nd Number o	er Rural Ro	
ER? 2 NO OF DEATH reflect 5 Pending Investigate ide 8 Could not determine ER 1 CERTIFVING Pinly	HOSPITAL: 1 Inpatient 2 Inpat	NJURY , Year) INJURY — At hor ic. (Specify) ny knowledge, de	28b. TIM INJ me, ferm, s	OTHER: 4 Nursing H E OF 28c. URY M 1 [street, fectory, o	injury AT WORK? YES 2 NO	28d. 28d. 28f. L	hther (Specify) DESCRIBE HOW IN OCATION (Street a: City or Town, State) cause(e) end mani	nd Number of	d,	
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ER? 3 2 NO OF DEATH read of the second of th	HOSPITAL: 1 Inpatient 2 Inpat	NJURY - At ho INJURY — At ho te. (Specify) Ty knowledge, de minetion end/or i	28b. TIM INJ me, ferm, s	OTHER: 4 Nursing E OF URY M 1 [ritreet, fectory, o	injury AT WORK? YES 2 NO	28d. 28f. Code to the time, con NUMBER	hther (Specify) DESCRIBE HOW IN OCATION (Street a: City or Town, State) cause(e) end mani	nd Number of	d, ceuse(e)	and menner es stated.
ER? 3 2 NO OF DEATH read of the second of th	HOSPITAL: 1 Inpatient 2 28e. DATE OF in (Month, Da) 28e. PLACE OF building, a NYSICIAN: To the best of many in the best of examples.	NJURY Y At ho to. (Specify) Ny knowledge, de minetion end/or i	28b. TiM INJ me, ferm, a eth occurre investigatio	OTHER: 4 Nursing E OF 28c, URY M 1 Intreet, fectory, of the time, of th	injury AT WORK? YES 2 NO	26f. L due to the time, c	hther (Specify) DESCRIBE HOW IN OCATION (Street as iny or Town, Stete) cause(e) end manualete end place, end	nd Number of the state of the s	d. couse(e) (and menner es stated. Aonth, Day, Year) 1993
	T'S NAME (First, Middle, LEST CONTROL OF DECEDENT'S (Specify) In Section of the Control of the C	Ster John May Deference and number) Bayonne Avenue Ge of Decedent 10b. County In Married 2 Merried and 4 Divorced Status Married 2 Merried and 4 Divorced Ster John Specify only highest grade completed) Try/Secondary (0-12) Ster NAME (First, Middle, Last) Lester Ant's NAME (Type/Print) The Of Disposition 3 Removal from State Of Disposition 3 Removal from State Of Disposition 3 Removal from State Ster Ster Ster State Ant's NAME (Type/Print) The Of Disposition 3 Removal from State Of Disposition 3 Removal from State Ster Ster Ster State Ant's NAME (Type/Print) The Of Disposition 3 Removal from State Of Disposition 3 Removal from State Ster Ster Ster State Ant's NAME (Type/Print) The Of Disposition 3 Removal from State Of Disposition 3 Removal from State The Office of Ster Ster State Ant's NAME (Type/Print) The Office of Ster State Ant's NAME (Type/Print) The Office of Ster State T	Ster John Ster John	Ster John Ca Ster John Ca Steurity Number S. Sex 6. Age (in yrs. last birthday) 1 M M 2 F 74 YRS. 1 M M 2 F 10 M M M M M M M M M M M M M M M M M M	Ster John Carroll Carroll Ster John Carroll Ca	Ster John Carroll Jr. Ster John Carroll Months Mont	STANAME (First, Middle, Last) Ster John Carroll Jr. **Ster John Carroll Jr. **AME (In yrs. lest birthday) 1	STATUS STATUS	The state of the s	The control of the co

line of health

Section of the second

93 23018

YEAR

3. TIME OF DEATH

10d. INSIDE CITY 1 TES 2 NO

> Approximata Interval Between

AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 TES 2 NO

Onset and Death

14. RACE — American Indian, Black, White, etc.

Specify:

P

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH INDA **CHEATHAM** AUGUST 1993 3/5-82-3 7. DATE OF BIRTH 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 31 HOURS 1 M 2 M YRS director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITA BALTIMORE CITY BALTIMORE 10a. STATE 10b. COUNTY FUNERAL 10g. CITIZEN OPWHAT COUNTRY? 0e. STREET AND NUMBER 101. ZIP CODE 27 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif was anacify Cuban, Mexicon, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO BALTIMORE, MARYLAND 21215-0020 1 Never Merried If yes, specify Cuben, Mexicen, Puerto Ri 1 YES 2 NO Specify: 2 Merried IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most
iffe. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (So College (1-4 or 5+) once. 76 BE notified 2 VONIA e METHOD OF DISPOSITION must 2 4 Donation 6 ☐ Other (Specify) examiner 21. SIGNATURE OF JUNERAL SERVICE LICENSEL AME AND ADDRESS OF signed by the attending physician and completely filled in by the funeral Health and Mental Hygiene prior to burlal, cremation, or removal. or other traumatic event, the medical 23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** disease or condition resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury that initiated events resulting in death) LAST Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Item 23 shows any 1 | YES 2 00 has been s Dept. of H BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 VES 2 NO 26. PLACE OF DEATH (Check only one) certificate h SPITAL: OTHER: Inpatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) with 1 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After the filed within 72 hours after death v 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide S Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Item 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the beels of examin tion, death occured at the time, date and place, end due to the cause(a) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 223 2 30. NAMP AND ADD

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH				
	CHARLOTTE		COES		8/7/93 PA	T TEAM	3:18 P M				
	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign				
	578-07-9807		91 YRS.		(Month, Day, Year) 12/23/01	Was	hington, DC				
œ	9a. FACILITY NAME (If not institution, give s	orner chin.	96	CITY, TOWN OR LOCATION OF		9c. COUNTY OF I	PEATH				
5	HOLY CROSS HOS	PITAL		SILVER SPRIN	G	MONTG	OMERY				
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TO	OWN DR LOCATION Kensi	ngton, Md 2	0895	10d. INSIDE CITY				
	Md	Montgomery	1	7 University	_		LJMITS? 1 YES 2 NO				
3AL	10e. STREET AND NUMBER		-	101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	Kensington 11. MARITAL STATUS	T		20895		USA					
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 AD	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxie	ANIC ORIGIN? (Specify Yas can, Puarto Rican, etc.)	s or No — 14. RACE — American Indian, Black, White, alc.					
ВУ	3 Midowed 4 Divorced	IF YES, GIVE WAR OR DA	NTES	1 YES 2 NND Spec	sity:	Spec	Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BUS						
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rel	ired.)							
MP		4 Yrs	Seamstre								
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden S	,					
BE	Unknown 19a. INFORMANT'S NAME (Type/Print)		T 405 MAILING AD	DRESS (Street and Number or Rura	Josephin	OLOW	ler				
2	Jacqueline J M	ncon	130. MAILING ADI			, State, Zip Code)					
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ram		PLACE AND DATE OF O	Same as 10a,		CATION — City or To	ner State				
	1 ☐ Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)		etery, crematory or other p			andria,					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF F	ACILITY	WASK-	00.				
	Robert L. P.	lumm	218	and TR	hines - Co.	3030-	12 Street 2				
	23. PART I. Enter the diseases, or o	complications that caused	the daeth. Do put	tar the moda of dying, su	ch as cardiac or reapir	atory arreat,	Approximata				
11	anock, or naert tellure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Dea										
	disease or condition resulting in death)	a. Cardiovas	scular Dis	ease							
	DUE TO (DR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CAT	if any, leading to immediate cause. Entar UNDERLYING	-									
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE DF):								
ERI	resulting in deeth) LAST	d									
AL C	PART ii. Other significant condition	a contributing to death be	ut not resulting in th	e underlying cause givan in	Part I. 24s. WAS AN A	WTOPSY 24b	. WERE AUTOPSY FINDINGS				
2					PERFORM	WEO?	AMILABLE PRIOR TO COMPLETION DF CAUSE				
MEC					10123 2	ES NO	OF GEATH?				
PHYSICIAN: MEDIC											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF OEATH (C	hack only one)						
IXSI	1 TYES 2 NO	1 Inpatient 2 TER/Outpo	itlent 3 DOA 4 D	Nursing Home 5 - Residence	8 Other (Specify)						
	Natural 5 Pending	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW IN	JURY OCCUREO					
ВУ	2 Accident Investigation 3 Suicida 8 Could get be	28a. PLACE OF INJURY	— At home form street	M 1 YES 2 NO	and I OCATION (On-1)	44					
	4 Homicide B Could not be	building, atc. (Speci	(fy)	, rectory, office	28f. LOCATION (Street ar City or Town, State)	id Number of Hurili I	toute Number,				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my knowl	adan danth assumed at	the time, data and place, and du							
N C				my opinion, death occured at the			hetete es sensem bos (
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU		29d. DATE SIGNED					
00	Tol	- Jan	Dre U	D085			/9/93				
2	30. NAME AND ADDRESS OF PERSON WH										
1		F TAUBER, MI		18 Wisconsin	Avenue NW,	Bethesda ——	, Md				
101	31. DATE FILEO (Morith, Day, Year) AUG 10 19	32. REGISTRAR'S SIGNA	TURE	N.							
	700 40 18	34 8									

DHMH-16 Rev 1/89

1 - STATE REGISTRAR	STATE OF MARY			OF DEAT		NTAL HYGIEN	_		
1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH		3. 1	TIME OF DEATH
DONALD 4. SOCIAL SECURITY NUMBER	Α.	COLE			$\overline{}$	8 3	19	93 3	3:20 A M
579-08-6071	5. SEX 6. AGE		IF UNDER 1 Y	EAR IF UNDER 2 AYB HOURS		DATE OF BIRTH (Morith, Day, Year) eptember	6 106	Country)	DE (State or Foreign
9a. FACILITY NAME (If not institution, give s	41		Db. CITY. TO	OWN OR LOCATION				Y OF DEATH	
10000 BLOCK		NE ROAD		ANDYWI					SEORGE
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v								
	William	10c. CITY,	TOWN OR I	_	-			1	INSIDE CITY
10e. STREET AND NUMBER	wiiiiaiii			Dale City	<u> </u>		10a CITIZE	N OF WHAT	YES 2 X NO
13314 Haddock R	oad			22193			U.S.A		COUNTRY
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED	13. WAS	S DECENDENT OF	HISPANIC (ORIGIN? (Specify Yes		I. RACE - A	American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			PE, specify Cuben, YES 2 XNO	Mexican, P Specify:	uerto Rican, etc.)	-	Black, Wh Specify:	
15. DECEDENT'S EDU	1 1985 - 1993 CATION	16a. DECEDENT'S US	BIIAL OCCI	IDATION		T are your or our	· · · · · ·	Cauca	sian
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		k done durli	ng most of working		16b. KIND OF BU	SINESS/INDUS	SIRY	
12		Mechanic					Auto	moblie	e
17. FATHER'S NAME (First, Middle, Last)						First, Middle, Maiden	Sumame)		
Leslie R. Cole, Jr.						reman			
198. INFORMANT'S NAME (Type/Print) Leslie R. Cole, Jr.						Number, City or Tow			
209-METHOD OF DISPOSITION	20	b. PLACE AND DATE OF				Alta, W.	CATION - CIT		
1 ABurial 2 Cremation 3 Rem	oval from State	getery, crematory or other Quantico Na	ationa	al Cemet	terv i	3-6-	ingle,		
21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAI	ME AND ADDRESS	OF FACILI	ΓY		ingin	ia
Lexan 9	A my			_		eral Home		-1- 22	.102
23. PART I Enter the diseases, of o	complications that cause	ed the death. Do not	enter the	mode of dyin	g, such a	Dale City	ratory arres	nia ZZ	Approximate
iMMEDIATE CAUSE (Final disease or condition	List only one cause on	A.Pla	7	71.	· ·	,	•		Interval Batween Onset and Death
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):		po) or	409		· <u>·</u>		
Sequentially list conditions,	b								
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):							
CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST	d	·**							
PART II. Other significent condition	a contributing to death	but not resulting in	the under	riving cause of	en in Der	L I. 24s. WAS AN	Alimopey	245 1000	E AUTOPSY FINDINGS
	_		and onder	irjing oddao gi	TOTAL TRAIN	PERFOR	MED?	AVAI	LABLE PRIOR TO
						TXXVES 2	□ NO	OF E	DEATH?
								'''	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T.		8. PLACE OF DEA	TH (Check o	enty one)			
1 TYES 2 NO	1 Inpatient 2 ER/Out	petient 3 DOA 4		Home 5 - Rasi	dence (K	Other (Specify)	PUBLI	C HI	GHWAY
27. MANNER OF DEATH 1 Netural 5 Pending	8 3	993 1:49		WORK?		. DESCRIBE HOW II	NJURY OCCUP	RED BIEC	T_IMPACT
2 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f I OCATION (Street and Number of Burst Bodie Number								XED	
4 Momicide datamined 10000 BRANDYWINE ROAD City or Town, State) COIINTY, MARYI, AN									
29s. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	viedge, death occurred	at the time	data and place a		RANDYWI		CLINCE	GEORGE
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated, (Check only one) 2 TAMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
Jaron	LockeM	1)			OCME		▶8	3	1993
10. NAME AND ADDRESS OF PERSON WHO	4.0	EATH (ITEM 27) (Type, Pr	•						0.1.0.0.
31. DATE FILED (Month, Day, Year)	32. REGISTRAT'S SIG	11 Penn	Stre	eet, Ba	altir	more, M	aryla	ind	21201
AUG 1 0 1993	Schie Deviden								
	A CONTRACTOR	-							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Put he filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Deut, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPI	TO THE FUNEF be filed within	IMPORTANT

	FOR 1 - STATE	STATE OF MARYLAND			MENTAL HYGIEN		3 23021		
	REGISTRAR 1. DECEDENT'S NAME (Pirst, Middle, Last)	Colena	ERTIFIC	CATE OF DEATH	REG. NO 2. DATE OF DEATH MONTH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-05-2706 9a. FACILITY NAME (If not institution, give a	5. SEX 1 M 2 F 82	YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF/BIRTH (Morith, Day, War) 10/5/191	0 B	BIRTNPLACE (State or Foreign Country) alto. Md		
CTOR	Northwest Hosp			Balto.		9c. COUNTY OF DEATN Balto.			
DIRECTOR	10a. STATE 10b. COUNT	Υ	1	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	3604 Clifmar			10f. ZIP CODE 21	144		10g. CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPA If yes, specify Cuban, Maxk 1 YES 2 Spec		RACE — American Indian, Black, White, atc. Specify: Black			
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (0	ECEDENT'S US Give kind of wor a. Do NOT use	SUAL OCCUPATION k done during most of working retired.)	16b. KIND OF BU	SINESS/INDUST			
COMPL	17. FATHER'S NAME (First, Middle, Last)	-2.0		16. MOTNER'S N	AME (First, Middle, Maiden	Surname)			
BE	Bradley Wri 19a. INFORMANT'S NAME (Type/Print)		b. MAILING A	JOSI DDRESS (Street and Number or Rura	Poute Number, City or Tow	n. State. Zio Cod	in)		
2									
Rose Houston 20s. METHOD OF DISPOSITION 20s. ME									
	4 D Donation A D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	3 Ba	lto. Md						
	· 10101	D. J. at	1	Leroy 0. Dy	yett & So	n Fund	eral Hm,2120		
	23. PART I. Enter the diseases or shock, or heart tallure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	inat	4600 Liber	ch as cardiac or reapi	ratory arrest,	Approximate Interval Between Onset and Daeth		
CERTIFICATION	Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other significant condition	a contributing to death but not	resulting in	tha underlying cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	heck only one)				
	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		THER: Nursing Home 5 Residence					
מן זמ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (WORK? M 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	D		
	3 Sutcide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, stre	et, fectory, office	261. LOCATION (Street a City or Town, State)	ind Number or Ri	ural Route Number,		
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSH	CIAN: To the best of my knowledge, de R: On the basis of examination and/or	eath occurred investigation,	at the time, data and piece, and du in my opinion, death occured at the	e to the cause(a) and men	ner as stated.	use(a) and manner as stated.		
E E	29b. SIGNATURE AND TITLE OF CENTIFIER) /	29c. LICENSE MU	MBER 6 53 7	29d. DATE SIG	INEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Pr	M. N	NWHO				



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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 93 23022											
- 5	1. DECEDENT'S NAME (First, Middle, Last) BETTY	BETTY HO	SHUI	ER					2. DATE O		AY C(YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 236-32-7201	5. SEX	6. AGE (In yrs. le.	st birthday) YRS.	IF UNDER 1 Y	EAR IAYS			7. DATE OF BIRTH (Month, Day, Year)		24	Country)	ACE (State or Foreign Virginia
TOR	90. FACILITY NAME (If not institution, give street end number) SHIMTE THE H				96. CITY, TO						9c. COU	INTY OF DEA	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Balt	imore		10c. CIT	Tows		ON						Dd. INSIDE CITY LIMITS? VES 2 1 NO
FUNERAL	100. STREET AND NUMBER 205 Garden Rd.			10f. ZIP CODE 21286								AT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		YES 2 X	2 NO If yes, specify Cuban, Mexica						Black, V	American Indian, Vhita, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 yrs College (1-4 or 5+)		+) (G	Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE				Own H		OUSTRY			
ш	17. FATHER'S NAME (First, Middle, Lust) Harry Fromhart				18. MOTHER'S NAME (First, Middle, Melden Surman						(unknown)		
TO B	190. INFORMANT'S NAME (Type/Print) Frederick H. D.		ing Address (Street and Number or Aural Route Number, City or Yown, State, Zip Code) Garden Rd. Towson, Md. 21286										
	20e. METHOD OF DISPOSITION 1		20b. PLACE cemetary, cre Hill	and date of melory or o	of disposition ther place) Servic	e C	e of Corp	•	0ATE 8-1	20c. LO 1 TOW		City or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LI	AL.	4		Ru	ck	Tow	son F k Rd.	Funera Tows	al Ho	me, :	Inc.	
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or reepiratory arrest, abock, or haart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
4	PART II. Other significant conditions contributing to death but not resulting Cove by Vary M. C. T.						cause	given in i		4a. WAS AN PERFOR	RMED?	AN CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:				ick only one) 6 Other (:	Specify)			
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D			M 1	c. INJU WOR	K?	□ NO	28d. DESCI				
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)						City or	Town, State)		r or Rural Rout	e Number,
	(Check only one) 2 MEDICAL EXAMINE					ion, de	nth occu	red at the t	time, date ar		d due to th	ne ceuse(e) er	
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							29c, LIC	ENSE NUM	BER		29d. DAT	SIGNED (M	onth, Day, Yeer)

GOOD

SAMMITTAN

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be neitified at once.

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31. DATE FILEO (Month, Day, Year)
AUG 1 0 1993

. 32. REGISTRAR'S SIGNATURE

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ETHER ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should permit 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) SUSAN CHARLT					2. DATE OF DEATH WONTH	6.1993	3. TIME OF BRATH 2/5/P		
	4. SOCIAL SECURITY NUMBER 216-42-5962	1 □ M 2 😾 F	49 YRS. MO	UNDER 1 YEAR NTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 23 44	Cou	THPLACE (State or Foreign ryland		
TOR	96. FACILITY NAME (If not institution, give sto St. Joseph Hosp RESIDENCE OF DECEDENT		96	Tows	R LOCATION OF D	EATH	Baltimore			
DIRECTOR	10a. STATE 10b. COUNTY	ounty 10c. CITY, TOWN OR LOCATION 1 timore Parkton					10d. INSIDE CITY LIMITS? 1 YES 2 X YO			
FUNERAL	21010 York Road	Road Parkton, Md. 2112					WHAT COUNTRY?			
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			ENDENT OF HISPA	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) by:				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)				t of working		SINESS/INDUSTRY			
Lab Technician Health Care 17. FATHER'S NAME (First, Middle, Last) John Wesley Cash, Jr. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Daisy Charlton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
								n		
5	C. Noell Damro	<u> </u>				Parkton, I		20		
20s. METHOD OF DISPOSITION 1A) Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City of Campions of D										
	22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 1734									
23. PART I. Enter/the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory as a shock or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)							ratory arreat,	Approximate Interval Between Onset and Death		
ATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF D									
AN:	25. WAS CASE REFERRED TO MEDICAL							1 TYES 2 NO		
SICI	EN A SAMPLEMO	HOSPITAL:		THER:	5 Pesidence	6 Cher (Specify)				
	27. MANNER OF DEATH 1 - Natural 5 - Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOR	K?	28d. DESCRIBE HOW IN	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, streat		2 1 10	2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 / MEDICAL EXAMINER	IAN: To the best of my knowle : On the bests of examination	edge, death occurred at	the time, data a	and place, and due	to the cause(a) and man time, data and place, and	ner as stated,	(a) and manner as stated.		
H	PML SIGNATURE AND TITLE OF CERTIFIER	20000	Mus		290 LICENSE NUI			D (Mortin, Day, Year)		
٥	36. MARE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print	hope	Honce	-111 8/2-1	10 /B	Balto ind		
İ	31. DATE FILED (MONTH), Day, YOU! AUG 1 0 1993									

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEAD ATE OF DE		NTAL HYGIEN REG. NO.		23024		
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS	В.	DUSTIN		2, 1	DATE OF DEATH	1995	3. TIME OF GEATH 8:11 A		
	4. SOCIAL SECURITY NUMBER 214-70-2509	1 🛣 M 2 🗆 F						HARTHPLACE (State or Foreign country) ashington, D.C		
TOR	98. FACILITY NAME (If not institution, give s GREATER LAUREL RESIDENCE OF DECEMENT			CITY, TOWN OR LOC \mathbb{L}^2	AUREL		OF DEATH CE GEORGE			
DIRECTOR	10a. STATE 10b. COUNT							10d. INSIDE CITY LIMITS? 1 YES 2XX NO		
FUNERAL	100. STREET AND NUMBER 15614 RIDING STA		101. ZIP 0			10g. CITIZEN USA	OF WHAT COUNTRY?			
BY FUI	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced	1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES			IT OF HISPANIC Of Juban, Maxican, Pu NO Specify:	RtGIN? (Specify Yes erto Rican, atc.)	RACE — American Indian, Black, White, alc. Specify: WHITE			
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. OECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of w	orking	18b. KIND OF BUS	RY			
COMPLETED	12 17. FATNER'S NAME (First, Middle, Last)	Ø	SELF-EMP	18. W		CONTRACTOR NAME (First, Middle, Malden Surname)				
TO BE	ROBERT DUSTIN 19a. INFORMANT'S NAME (Type/Print) ROBIN L. DUSTIN		DRESS (Street and Num		Number, City or Town					
	20a. METHOD OF DISPOSITION 1 Strial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	. PLACE AND DATE OF D	SPOSITION (Name of		ROAD, LAUREL, MD. 20707 OATE 20c. LOCATION - City or Town, State 8/5 LAUREL, MD.					
1 Commetter 3 Removal from State Commetter								HOME, INC.		
	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. The results of the cause of the c									
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART ii. Other significent condition	out not resulting in t	ne underlying ceus	se given in Part	Part I. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 \(\subseteq \text{NO} \)			
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE O	F DEATH (Check or	nly one)				
	27. MANNER OF DEATH Netural 5 Pending	1 Inpetient 2 X ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5	28d.	Other (Specify) . DESCRIBE NOW IN	NJURY OCCURE	D		
TED BY	2 Accident Investigation 3 Suicide # Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At homa, farm, atree			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET		CIAN: To the best of my know						ise(s) end menner as stated.		
TO BE C	MATORE AND TITLE OF CERTIFIER	Lake	MO	29c. I	OCME			NEO (Month, Dey, Year) 3 1993		
5	31. DATE FILED (Month, Day, Year)	Ke, M) 11	1 Penn S	treet,	Baltimo	ore, Ma	rylan	d 21201		
12	BILC 4 0 4000	34 REGISTRAR LAIGH	2							

1	-	STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	1 - STATE CONTROL OF MAINTEAND / BETAITMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH
	1. JAMES PETE	R DIXON						AUG	5,199		YEAR	30m "
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 2		7. DATE OF	BIRTH		8. BIRTHE	PLACE (State or Foreign
- 1	301 10 9918	1 D M 2 D F	73	YRS.	MONTHS DAYS	HOURS	MIN.	OCT	11.19	19	K F.NT	rucky
1	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATIO	N OF DE		1111		NTY OF DE	
OR	AAMC				ANNAPO	LTS				AA	Co	
디	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			1 40 - 017	Y, TOWN OR LOCA					nn		
DIRECTOR						ION						10d. INSIDE CITY LIMITS?
	MD AA(L ED	GEWATER	. ZIP COOE						1 XYES 2 NO	
FUNERAL	1622 PICHOD PD				100							HAT COUNTRY?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1622 BISHOP RD.	12. WAS DECEDEN	IT EVER IN U.S. AR	21037 ARMED 13. WAS DECENDENT OF HISPANIC			USA					
	1 Never Married 2 🔀 Married		TYES 2 N		If yes, ap	ecify Cuban,	, Maxican Specify:	, Puerto Rica	n, stc.)	or No-	Black,	- American Indian, White, stc.
n 3 Widowed 4 Divorced								Specify	WHITE			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								USTRY				
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)												
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 3 SUPERVISOR 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kine. Do NOT use retired.) Retail Sal 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)							ales					
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	ER'S NAM	AE (First, Midd	lle, Maiden :	Sumame)		
PETER TIPTON DIXON SYBIL REUTER												
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
THELMA L. DIXON 1622 Bishop Rd:Edgewater.Md.21037												
cemetery, crematory or other place)										City or Tow		
	21. SIGNATURE OF FUNERAL SERVICE LICE		Metr	o Cre	ematory	ID ADDRESS	00 540	8/7	Bal	timor	re,Md	
Ì	At 1	M. 1.	1			IDGLE						
HARDESTY FUNERAL HOME 21401									+01			
	23. PART I. Entar tha diseases, or c shock, or heert fellure. L	omplications the list only one cau	t caused the da- se on each line.	eth. Do r	not antar tha mo	da of dyin	g, such	as cardiac	or respir	ratory err	eat,	Approximata Interval Between
IMMEDIATE CAUSE (Final												Onset and Death
disease or condition s. Ventucular arruthmia Due TO (OR AS A CONSCOUENCE OF):								2				
_	920	00 300	(OR AS A CONSEC	UENCE O	F):	1 - 1						
CERTIFICATION	Sequentielly list conditions,	D065-10	OT AS A CONSEC	UENCE O	eart	fare	w	نف				-
¥	if sny, leading to immediata cause. Entar UNDERLYING	-				ail	00	ND .				į
Ĕ	CAUSE (Disease or Injury that Initiated events	COTOY DUE TO	OR AS A CONSEC	UENCE OF	F):	CL1	xcu	130				1
	resulting in deeth) LAST				0							ļ
	PART II. Other significant conditions	contribution to	double had not a									
MEDICAL		Derno	-			g cause giv	ven in P	Part I. 24	PERFORI		1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă		7	ric a	CID	tes			- 1	TYES 2	BAK		COMPLETION OF CAUSE OF DEATH?
Σ	Polymyalgio	u Khei	umal	1ca				_				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					105 05 05						
Si I	EXAMINER?	HOSPITAL:	Serio de la constante de la co		OTHER:	ACE OF OE						
¥	27. MANNER OF DEATH	1 Inpatient 2 I	and the latest	28b. TIM	4 - Nursing Hom E OF 28c, INJ			28d. DESCRI		HIRV OCC	LIBEO	
	1 Natural 5 Pending	(Month, D			URY WO	RK?	- 1	200. DESCHI	DE HOW IN	JUNY OCC	OMEO	
B B	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At hor	ne, farm, s				28f. LOCATIO	N (Street ar	art Number	or Rumi Po	uta Number
	4 Homicide 8 Could not be determined	building,	etc. (Specify)						wn, State)	io mannosi	or ribrar rib	olo rearribol,
COMPLETED	29a. CERTIFIER	IAN: To the heat of	- Installation des						-			
ξ	(Check only one) 2 MEDICAL EXAMINER											
	29b. SIGNATURE AND TITLE OF CERTIFIER				n, m my opinich, o		_		piece, and			
띪	290 SOUTH AND THE OF CERTIFIER	0 0 .				29c. LICEN	SE NUME	BER			SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	E OF DEATH STEE	27) /Time	Print	COU	2 00	20		8	1. (1	EP
	LISA MURRA		120	zel (likhe)			7-	- 1 -	P	_)	Λ	00.11
75	31. DATE FILED (Month, Day, Year)	32 REGISTRA	R'S SIGNATURE	CIIC	apron	2003	77	olant	2 1	<u>a</u>	HUU	apolis
10	AUG 1 0 1993 Julie Deviden Bandane											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trant be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-18 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MARY

4. SOCIAL SECURITY NUMBER

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7. DATE OF BIRTH (Month, Day, Year)
Oct. 3, 132-10-9338 1 - M 2 X F DAYS HOURS 82 detached for use as the burlal-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Northwest Hospital Center Randallstown RESIDENCE OF DECEDENT 10b. COUNTY 16c. CITY, TOWN OR LOCATION Maryland Baltimore Randallstown 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 3706 Julian Court 21133 ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes. specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS If yes, specify Cuben, Mexican, Puerto

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES ВҰ 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be notified at Stephen Kaminsky BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Richard DeVincenzo 3706 Julian Court Randallstown, MD 9 20s. METHOD OF DISPOSITION
1
Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must cemeler, cremelory or other place)
Carroll Cremation Services 8/8 Hampstead, Maryland 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road attending physician and completely filled in by the intra Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such es cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition executed within event, resulting in death) signed by the attending physician and con-Health and Mental Hygiene prior to burial, traumatic MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other that initiated events resulting in death) LAST severe anemica PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. lahon апу shows a this certificate has been with the State Dept. of 1 jo PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) the State EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 5 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dev. Year) 28b. TIME OF 28c. INJURY AT WORK? is marked, 1 Natural 5 Pending 1 YES 2 NO death v BY THE TUNERAL DIRECTOR: After Section within 72 hours after death IMPORTANT: If Item 28 is man 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EVAMINES: On the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner se attend. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE esur UN 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 0 1993

DEVINCENZO

5. SEX

6. AGE (In yrs. last birthday)

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

08

93 23026 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 09:00 93 8. BIRTHPLACE (State or Foreign New 1910 York 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY LIMITS? 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Bronislawa Jasinski 20c. LOCATION — City or Town, State Randallstown, MD Approximata Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

8-7-93

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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF HI	EALTH AND DEATH	MENTAL HYGIE		, 0	23021
	1. DECEDENT'S NAME (First, Middle, Last)	Depries	+				05 196	3. T	IME OF DEATH
	214-40-5424	5. SEX 6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 12.19	8.	BIRTHPLAC Country)	E (State or Foreign
E	90. FACILITY NAME (If not institution, give street ST. AGNES HOSPITAL RESIDENCE OF DECEDENT			96. CITY, TOWN OF			9c. COUNTY		
1 2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY	Y, TOWN OR LOCATION				10d	INSIDE CITY
E	MARYLAND BALTI	MORE		CATONS	VILLE			11	YES 2 NO
FUNERAL	100. STREET AND NUMBER 8 OAK GROVE AVEN	IUE			ZIP CODE		10g. CITIZEN	S.A.	
N	le .	2. WAS DECEDENT EVER IN U		13. WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Specify Ye			mericen Indien, ite, etc.
Æ	1 Never Married 2 Merried XX Widowed 4 Divorced	FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	ES NO	If yes, spec	cify Cuben, Mexico 22 200 Specia	an, Puerto Rican, etc.) /y:		Specify: HITE	ite, etc.
E	15. DECEDENT'S EDUCAT (Specify only highest grade con	TION 1	(Give kind of v	USUAL OCCUPATION	N of working	16b. KIND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us			EDWA	TT ON		
OM	17. FATHER'S NAME (First, Middle, Last)	4	SCHOOL	TEACHER	18. MOTHER'S NA	EDUCA			
ш	MARSHALL DEAN					ETH COPE	. Guillette)		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and		Route Number, City or Tox	vn, State, Zip Co	de)	
F		IEPHEW)	BOX 8	35 VAND	ERBILT,	PENNSYLVA	NIA 1	5486	
	20e. METHOD OF DISPOSITION XX Burtel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	of from State 20b. P	ery, crematory or of	OF DISPOSITION (Narr ther place) PARK CEME			OCATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	4	MAINE I				OODLAW		
	Lusauece	Diffe		1630 E	M. & RU DMONDSO	SSELL C. W N AVENUE, C	TTZKE ATONS V	FUNEF	MD. 21228
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	nplications that caused t	he deeth. Do n	not enter the mod	e of dying, suc	h es cerdlec or reep	iratory errest	, [Approximete
	IMMEDIATE CAUSE (Final	SEPTIC OF AS A C		CK				18	Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	PUL MONADA O	OR Y OMSEQUENCE OF	EDEN	10			İ	3DAYS before
MEDICAL	PART II. Other significant conditions of AVEMIA AUCONO ESTIVE	contributing to death but LETA NOV ANT	not resulting in the form	in the underlying in lady to ATC U	cause given in penick ENOS	Part I. 244 WAS AN PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR	RMED?	COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CORRIVAL			CE OF DEATH (Ch	eck only one)			
PHYSICIAN:	1 YES 2/ NO	IOSPITAL: Id Inpatient 2 □ ER/Outpati	AOD [] 6 Ine	OTHER: 4 - Mursing Home	5 - Residence	€ ☐ Other (Specify)			
	27. MANNER OF DEATH 1 Natural S Pending 2 Accident Investigation	28a. DATE OF INJURY (Month. Day, Year)	SHP. LIMI	URY WOR		28d. DESCRIBE HOW	NJURY OCCUR	ED.	
red BY	2 Accident Investigation 3 Statistics 6 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, term, a	irset, factory, affice		281, LOCATION (Street City or Town, State		Surel Poure I	Vurntue
COMPLET		N: To the best of my knowled						suse(e) end	menner ee stated.
TO BE C	29b. SIGNATURE AND LITLE OF CENTIFIES	MEDI	CAL R.	501 ST	29c. LICENSE NUI	WBER SI HOSP,	≥ OS	GNED (Mont	th. Day. Year)
	30. NAME AND ADDRESS OF PERSON WHO C	1ABIB9	OPCA	Print)	eve.	BACTIN	PORE	MT	2/22
6	31. DATE FILED (Month, Day, Year) AUG 1 0 1993	Julia Davidson	Andre.					-	

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIFFERAL DIFFERAL DIFFERAL STATE this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the state beath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

FOR 1 - STATE REGISTRAR	STATE OF M		DEPARTME RTIFICA			MENTAL HYGIE		3	23028
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		YEAR 3.	TIME OF DEATH
	seph Ell-					August 6			• 56 P VCE (State or Foreign
4. SOCIAL SECURITY NUMBER 145-12-6747	5. SEX 1 (X)M 2 (1) F	6. AGE (In yrs. lest	VRS. IF UN	DER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH	21 P	Country)	VCE (State or Foreign
9s. FACILITY NAME (If not institution, give a	street end number)		9b. C	ITY, TOWN (R LOCATION OF	DEATH	9c. COUNT	Y OF DEAT	н
Franklin Sq. H	ospital]	Balti	more		Balt	0. 0	County
16a. STATE 16b. COUNT			10c. CITY, TOW						d. INSIDE CITY LIMITS?
New Jersey U 100. STREET AND NUMBER	nion Cou	inty	Pla	infie	ZIP CODE				YES 2 NO
				101	. ZIP CODE		10g. CITIZE	N OF WHA	T COUNTRY?
13 Berkeley Te					07062			USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO		If yes, sp	ENDENT OF HISF ecity Cuben, Maxi 25 NO Spe	PANIC ORIGIN? (Specify Y Ican, Puerto Rican, atc.) city:	es or No— 1	Black, W Specify:	American Indien, Thite, atc.
15. DECEDENT'S EDU	CATION	16a, DEC	EDENT'S USUAL	OCCUPATION	DN .	16b. KIND OF B	USINESS/INDU	Bla	CK
(Specify only highest grade	completed)	(Giv	e kind of work do Do NOT use retire	ne during mo d.)	st of working	KIND OF B			
Elementary/Secondary (0-12)	College (1-4 or 5+)		xpedi	tor		Flectr	ic co	netr	uction
17. FATHER'S NAME (First, Middle, Last)			Apear	001	40. 44.031457910.4	NAME (First, Middle, Melde		mb cr	accion
						1		7-	
Clarence Elli	S					ine Br			l .
194. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDR	ESS (Street a	nd Number or Run	al Route Number, City or To	wn, State, Zip C	ode)	
Cherv1 Carte	r	17	Bohn	Ct.	Roseda	ale, Md.	2123	7	
20s, METHOD OF DISPOSITION 1 M Burisl 2 Cremation 3 Flore	soval from State		ND DATE OF DISE		me of	DATE 20c. L	OCATION — CI	ty or Town,	Stats
4 Donation 5 Other (Specify)	TOTAL ITOM GENE		natory or other pla			8/11/98We	sifie	18.	N. T
23. PART I. Enter the diseases, or ehock, or haert fellure. IMMEDIATE CAUSE (Finel disease or condition	complications that List only one caus	caused tha dea	4	2222	TAT NO	Russ Fune	Balto	MI	2121 Approximate Interval Batw Onset end De
Sequentially list conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OR AS A CONSECU-	UENCE OF):	diova	scular-	Disease			
PART II. Other eignificent condition	ne contributing to o	death but not re	sulting in the	undariyin	g ceuse given	In Part I. 24e. WAS A PERFO	DRMED?	CC	RE AUTOPSY FINDI AILABLE PRIOR TO MPLETION OF CAUS DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL:	ER/Outpatient 3	DOA 4	IER:	ACE OF DEATH	Check only one)			
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, De	INJURY	28b. TIME OF INJURY	28c. INJ WC		28d. DESCRIBE HOW	INJURY OCCU	RED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	FINJURY — At honore, (Specify)	ne, farm, street,	factory, offic		281. LOCATION (Stree City or Town, Stat	t end Number or	Rural Rout	e Number,
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI				ne time, data		lus to the cause(s) and m	anner as stated		

_		1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
			m Joseph En			2. DATE OF DEATH MONTH DAY	93 3. TIME OF DEATH 1:27 P. M
		4. SOCIAL SECURITY NUMBER 216-10-4241	1 MM 2 □ F 79	YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. ITHE DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country) Md.
=)	TOR	PRESIDENCE OF DECEDENT			Baltimore	DEATH 9c. CO	DUNTY OF DEATH
	DIRECTOR		ltimore		own or location		10d. INSIDE CITY LIMITS? 1 YES 2 KNO
	FUNERAL	100. STREET AND NUMBER 7219 Stratton Way			10f. ZIP CODE 2/224		S.A.
	R	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DECENDENT OF HISP/ If yee, specify Cuben, Maxic 1 YES 2 NO Spec		14. RACE — American Indian, Black, White, atc. Specify: White
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re Fire Fi	done during most of working ired.)	Balto. (i	NDUSTRY
1 1	BE CON	17. FATHER'S NAME (First, Middle, Last) Michael Erhard	ŧ		18. MOTHER'S N	AME (First, Middle, Maiden Sumame) Marie Bartel)
2000	2	190. INFORMANT'S NAME (Type/Print) Esther K. Erhan	dt			Route Number, City or Town, State, 2 Low, Md. 21224	Zip Code)
Must		20e. METHOD OF DISPOSITION 1 1 Burial 2 Cremetion 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State cem	PLACE AND DATE OF DI Mery, cremetory or other AR Lawn	emetery 8.	-11-93 East	City or Town, State
wal.		· Clalu	D. Belle		Charles S. Ze	eiler & Son Inc	c. Eastern Ave.
il, cremation, or removal		23. PART I. Enter the diseases, or o shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ruptur	ch line.	anter the mode of dying, su	ch as cardiac or respiretory a	Approximata interval Between
or other traumatic	EHILICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):			
of Health ar	. MEDICAL	PART ii. Othar significant condition	s contributing to death bu	it not reaulting in th	e underlying cause given in	Part i. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
or Item 23	2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	HOSPITAL: 1 Inputient 2 ER/Output		28. PLACE OF DEATH (C		
	-3	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY O	CCURED
E L		3 Suicide S Could not be detarmined	28s. PLACE OF INJURY building, etc. (Special	— At home, farm, street	, factory, offica	281. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,
2 = 3	T I					s to the cause(s) and manner as st s time, data and place, and due to	tated. the cause(a) and manner as stated.
IMPORTANT:	4	296. SIGNATURE AND TITLE OF CERTIFIER ELLIPATION	- Daws		29c. LICENSE NU	3012 29d. DA	ATE SIGNED (Month, Pay, Year)
		30. NAME AND ADDRESS OF PERSON WHI	is FSKMC	4940 Ea		it Hd 21224	+
1	0	AUG 1 179593	July Davidon	Mondall			

215-0020	attending physician.	se as the burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Debt, of Health and Mental Hygiene prior to burial, cremoral.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8760,	uted within	I completely filled inal, cremation, c	Ic event, the n
F VITAL RECORDS, P.O. BOX 68760,	certificate be exec	certificate has been signed by the attending physician and completely filled in by the in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumat
CORDS, P.	s that the death	afth and Mental H	s any injury, or
ITAL REC	V: The law require	State Dept, of He	Item 23 shows
ION OF V	NDING PHYSICIAN	t: After this certifing death with the	is marked, or
DIVIS	PITAL OR ATTER	VERAL DIRECTOR	T: If item 28
0	SOLUTION OS	THE FIRST PARTY	MPORTAN

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, Les ORA	VIOLA	EVAI	V	2. DATE OF DEATH MONTH	DAY 19	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-09-4576	1 🗆 M 2 💢 F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country) Maryland
Northwest Medica		9	Randallsto			of DEATH altimore
Northwest Medica RESIDENCE OF DECEDENT 10e. STATE Maryland 10b. COUR	Baltimore	10c. CITY,	TOWN OR LOCATION ROCK	Dale		10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 3703 Rolling Roa			10f. ZIP CODE	1244		1 ☐ YES 2 🔯 NO N OF WHAT COUNTRY? d States
10e. STREET AND NUMBER 3703 RO11ing Roa 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, OIVE WAR OR	2 🖎 NO	13. WAS DECENDENT OF HISPARITY	NIC ORIGIN? (Specify) an, Puerto Rican, atc.)	fes or No 14	. RACE — American Indian, Black, White, atc. Specify: aucasian
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	BUAL OCCUPATION is done during most of working etired.)	16b. KIND OF B	USINESS/INDUS	
Unknown		Textile		Hoopers		n Mill
17. FATHER'S NAME (First, Middle, Last) William Wolvert	on		16. MOTHER'S N	MAud Hot	_{m Sumeme)} Efmaste	r
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Rura			
Norman R. Gortt			Aiden Choice L			
29a. METHOD OF DISPOSITION 1	moval from Stata	b. PLACE AND DATE OF emetery, cremetory or othe arroll Cre				y or Town, State Maryland
21. SIGNAPHINE OF FUNERAL BEHVICE		カン	22. NAME AND ADDRESS OF F Loring Byers 8728 Liberty	Funeral D	irector	s, INC.
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	HEART	-H C	7100	
PART II. Other eignificant conditions and the conditions are also as a second condition of the conditions are also as a second condition of the conditions are also as a second condition of the conditions are also as a second condition of the conditions are also as a second condition of the cond	ons contributing to death	but not resulting in	0 - 1-11	Dene	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	10	26. PLACE OF DEATH (COTTHER:	heck only one)		
1 VES 2 NO 27. MANNER OF DEATH	1 Synpatient 2 ER/Ou	tpatient 3 DOA 4	☐ Nursing Home 6 ☐ Residence	8 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCU	RED
1 Netural 6 Pending 2 Accident Investigatio	(Month, Day, Year)		WORK? M 1 VES 2 NO			
3 Suicide 5 Could not b	building, atc. (So	RY — At home, farm, streedly)	eet, factory, office	281. LOCATION (Street City or Town, Sta		Rural Route Number,
			at the time, data and place, and du			
296. SIGNATURE AND TITLE OF CERTIF		W	29c. LICENSE N			GIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON OF	WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Typo, P	T RO, BAL	TO.MD2	1/33	7 1 10
AUG 1 0 1993	gille Durlon	1				

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BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.	il director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ter must be notified at once.
BA	ours after de	I in by the for removal.	nedical ex
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEAT	Н	REG. NO.		
I. DECEDENT'S NAME (First, Middle, Last)				TE OF DEATH		3. TIME OF DEATH
	Louis	EXTE	R Jr.		ust 8, 19	93	12:35 am
SOCIAL SECURITY NUMBER	5. SEX 6. AC		UNDER 1 YEAR IF UNDER 2	14 HRS. 7. DAT			PLACE (State or Foreign
216-03-0302	1 M 2 □ F 4	78 YRS. MO	NTHS DAYS HOURS	MIN. MA	7 1915 r 24 1924	Mary	land
a. FACILITY NAME (If not institution, give	street and number)	91	. CITY, TOWN OR LOCATIO			DUNTY OF DE	
Franklin Square	e Hospital		Rossville		В	altimo	ore County
RESIDENCE OF DECEDENT							
De. STATE 10b. COUN	TY	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY LIMITS?
	ltimore	Midd	lle River			772	1 YES 2X NO
e. STREET AND NUMBER			101. ZIP CODE		10g. C	CITIZEN OF W	HAT COUNTRY?
11 Judywood Lai	ne		212	220		USA	
1. MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS OECENDENT OF		GIN? (Specify Yea or No-	- 14. RACE Black	- American Indian, White, atc.
Widowed 4 Divorced	IF YES, GIVE WAR OF		1 TYES 2 NO			Who #	
15. DECEDENT'S EQ	HIGHTION	44- 0505051170-110					
(Specify only highest grad	de completed)	16a. DECEDENT'S USI (Give kind of work	dat occupation done during most of working stired.)	,	6b. KIND OF BUSINESS/	INDUSTRY	
12yrs	College (1-4 or 5+)	Supervi			Martin Ma	riotta	77.4
FATHER'S NAME (First, Middle, Lest)		5 dpc1 v1		TRIR ALAME (FI-	I, Middle, Maiden Surname		
Louis John Exter	r Cr			lia Ho		b)	
a. INFORMANT'S NAME (Type/Print)	, 51.						
James Exter			Birdale Aven				1220
					altimore,		21220
Da. METHOD OF DISPOSITION Surface 2 Cremation 3 Re		206. PLACE AND OATE OF C cometery, crematory or other Oreland	nlanal		ATE 20c. LOCATION		
□ Donation 5 □ Other (Specify) I. SIGNATURE OF FUNERAL SERVICE 8		oreland		11, 1	993 Balt	imore,	, mD
I. SIGNATURE OF FUNERAL SERVICE	7) 11 1	- ///	22. NAME AND ADDRES) - 1 + MD - 0.1
B News.	Frankly F	an 1/0/ blow	10-300 Mace	Ave	in 14	1	Balto MD 21
Sequentially list conditions,	b	AS A CONSEQUENCE OF:					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
that initiated events reaulting in death) LAST	d	S A CONSEQUENCE OF):					
PART II. Other algnificant condition	ona contributing to deet	h but not reculting in t	he underlying ceuse gi	iven in Part i.	24s. WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS
					PERFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES 2 NO		OF DEATH?
							1 NES 2 NO
5. WAS CASE REFERRED TO MEDICAL			20 01 100 00 00	ATH ON	1		
EXAMINER?	HOSPITAL:	_ 0	26. PLACE OF DE	ATH (Check only	one)		
1 TYES 2 THO	1 Inpatient 2 ER/0	Outpatient 3 DOA 4	☐ Nursing Home 5 ☐ Res				
1 Natural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea				ESCRIBE HOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJI	JRY — At home, farm, stre-	et, fectory, office	28f. L	OCATION (Street and Num	ber or Rural R	oute Number,
4 Homicide detarmined	Solitary, etc. (S	apouty)		C	ty or Town, State)		
anal .	SICIAN: To the best of my kr		2				
2 MEDICAL EXAMI	NER: On the basis of examina	ation and/or investigation, i	n my opinion, death occure	d at the lime, de	ste and place, and due to	the cause(s)	and manner as stated.
96. SIGNATURE AND TITLE OF CERTIF	ER / WM	N.	29c. LICEI	N/A	29d, 0	08-0	(Month, Day, Year)
). NAME AND ADDRESS OF PERSON W	HO COMPLET A SHIPLE OF	DEATH STEM OF CO.	(ma)	21/ 21		- 00-0	0 73
				-1-2		1 212	27
Abdul Siddiqui,			re Drive, B	altimor	e, Marylar	1a 212	3/
ALC 1 0 1000	32. REGISTRAR'S SI						
AUG 1 0 1993	fichia theridos	A-Market					
							DMMM.16 Rev 10

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)				TO/TI				2. DATE OF DEA			3. TIME OF DEATH
9	Charles		et Ferr							MONTH	DAY	YEAR	
- 1	4. SOCIAL SECURITY NUMBER			Br AGE (In yrs.	last hirthday)	IE INOEI	R 1 YEAR	I I I I I I I I I I I I I I I I I I I	D. O.L. LADO	July 7. DATE OF BIRT		993	G2:05 P. M
	276-22-6252		2 □ F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day Vi-	art	Coun	
	9a. FACILITY NAME (If not in			00	rno.	01. 01			000 577	July 15		Oh	
œ								OR LOCAT	ON OF D	EATH	1 1	DUNTY OF I	
2	Sty. Joseph		spital			T	owso	n			Ва	ltimo	re
E	10a. STATE	10b. COUNTY	7		10c, CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
DIRECTOR	Maryland	Ва	ltimore			Ti	moni	11111					LIMITS?
	10e. STREET AND NUMBER					111		. ZIP COD	E		100.0	WITHTEN OF	1 YES 2X NO
A	47 Oakway	Pond					"						WHAI COUNTRY?
FUNERAL	11. MARITAL STATUS	Road	12. WAS DECEDENT	EVED IN II C	ADMED	T 40	W# 0 050		093			USA	
립	1 Never Married 2	Married	FORCES? 1	YES 2			If yea, sp	ecify Cubi	ın, Mexica	NIC ORIGIN? (Speci in, Puerto Ricen, eti	ly Yes or No- :.)	- 14, RAC Blac	E — American Indian, k, White, atc.
B	3 Widowed 4 Divo	read	IF YES, GIVE WI			-	1 TYES	2X NO	Specify	y:		Spec	w. White
	15. DEC	EDENT'S EDU			DECEDENT'S	USUAL O	CCUPATION)M		165 KIND O	F BUSINESS/	MOJETOV	WILLE
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade	completed)		(Give kind of life. Do NOT u.	work done se retired.)	during mo	at of worki	ng	Too. KIND O	E BUSINESS/	INDUSTRI	
7	10	F12)	College (1-4 or 5+)		ruck I					Tenan	-1-2		i i
8	17, FATHER'S NAME (First, M	licirile (ast)		1 1	IUCK I)	21	40 4400	UEDIO 110	ME (First, Middle, M	cking		
	Albert Fr							l			aiden Şumamı))	
H	19a, INFORMANT'S NAME (7	-			401 144 144	100050	0.10			Byard Route Number, City of	_		
임	Mrs. Gladys	,,	***										
	20a. METHOD OF DISPOSIT		. у	1					I 1mo	nium, MD			
1	1 1 Burlat 2 Crematio	n 3 🗆 Reme	ovat from Stata	cemetery.	crematory or o	ther place)				1	c. LOCATION		The state of the s
	21. SIGNATURE OF FUNERA		TO AA	Dula	ney Va	illey	Me ₁	n. Gr	rdns	. 18/2/93	Time	nium	MD
	21. Siungi United Punitik	TA	1) (1/	7511	_			D ADDRE		cury ell-Wied	. F . 1 1	т	
	Bryan	W. C	arv	1)					a Rd. T			
	23. PART I. Enter the d	sesses, or o	omplications that	gaused the	daath. Do	not antar	the mo	da of dy	ing, suc	h as cardisc or	eapiratory	arrest.	Approximata
- 1	ahock, or h	eart failure.	List only one caus	on each II	ine.								Interval Between
	IMMEDIATE CAUSE (F)	ial	RECO	RAT	001	/ /		201 6	5.0	.6.10	_		Onset and Death
l	resulting in death)	7	RESPI	OR AS A CONS	SECULENCE O	F):	/α =		710	46/46			
							a /s		_				
O	Sequentially list conditi	lons,	DUE TO	10 NO A COME	PIVE	=U/M	MOIN	111	5				
CERTIFICATION	If sny, leading to immed cause. Enter UNDERLY!	diate NG	SQUAY DUE TO (104 C	1-11	CA	001	0012	MA	OF TH	Eli	4016	
윤	CAUSE (Disease or inju	ry	DUE TO (OR AS A CONS	SEQUENCE OF	Pi:		/40/	11/7	01- 11	E 44	2/04	
E	resulting in death) LAS		METAG	710	TIC	20	a.	. 0	10.	ICER			i I
8			4.776 [7]3	177			71/	y .	177	ICEN			<u> </u>
	PART II. Other significa	nt condition	s contributing to d	leath but no	t resulting	in the ur	nderlying	cause	given in	Part I. 24s. WA	S AN AUTOPS	Y 248	WERE AUTOPSY FINDINGS
EDICAL											RFORMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE
										' ' ''	3 2 HO		OF DEATH?
2										—			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	D MEDICAL					28 PI	ACE OF D	EATH (Ch	eck only one)			
를 I	EXAMINER?		HOSPITAL:			OTHE	R:						
¥	27. MANNER OF DEATH		26a, DATE OF I		3 LI DOA		_		sidence	6 Other (Specify			
4	A	Pending	(Month, Day			URY		AK?		26d. DESCRIBE H	OW INJURY	OCCURED	
B≼		investigation						ES 2	NO				
		Could not be determined	26a. PLACE OF building, e	INJURY — At tc. (Specify)	home, farm,	street, fact	tory, offic			281. LOCATION (SI City or Town,	treet and Num State)	ber or Rural i	Route Number,
E 1	1 Hollineits												
Z	29a. CERTIFIER CERT	IFYING PHYSIC	CIAN: To the best of n	ny knowledge,	death occurr	ed at the t	lme, date	end place	, and due	to the cause(s) end	menner as a	rtated.	
COMPLETED													a) and manner as stated.
	29b. SIGNATURE AND TITLE								ENSE NUM				
8	Ray mono	A.	N20	M	PA			5	2 /1	IDI	250.0	T/	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALIS	OF DEATH (TEM 27) /Since	Print		レー	4	104	10	1-0	×9-75
	RAVMIND	4. 1	IZEAN.	PA	70	2/	Yn	RV	RN	#20	1 75		v mo21200
9	31 A REGIET MALES HALL	1 9	A CHARLES	70/14	100	//	101	1	NL	יטכדון ו	0 100	0501	V MUNI LUGI
Di	Non T. A. 19	0		- allum one									
/													



MD.

10e. STREET AND NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

216-01-5877

RESIDENCE OF DECEDENT

LANDON CARTER FENHAGEN

MERIDIAN LONG GREEN

10b. COUNTY

5. SEX

1 M 2 X F

10c. CITY, TOWN OR LOCATION

BALTO.

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

BALTO.

10f. ZIP CODE

DAYS

8. AGE (In yrs. last birthday)

76

2. DATE OF DEATN

7. DATE OF BIRTH
(Month, Day, Year)
11-6-1916

8

1ES 2 NO

MONTH -

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U	7	٧)	
		-	/	

Pages 1, 2, 3 should

DIRECTOR

an. transit p	FUNER	115 EAST ME						21212		
21215-0020 il or attending physician. for use as the burial-transit	B∀	11. MARITAL STATUS 1 Nover Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT IF FORCES? 1 IF YES, GIVE WAR	YES 2	ARMED ŽNO	l li	yes, spe	ENDENT OF HISPAN celfy Cuban, Maxical 2 NO Specify	n, Puerto Ri	
r attending use as the	ETED	15. DECEDENT'S E (Specify only highest gra	DUCATION ide completed)		Give kind of wo	vrk done d	CUPATIO	N il of worlding	16b. i	KIND (
	PLE	Elementary/Secondary (0-12) 12yrs.	College (1-4 or 5+)		ile. Do NOT use IOUSEV		3			Н
MARYLAND retained by the hospit 5 should be detached	COMPL	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S NA	ME (First, Mi	_
A De de de de de de de de de de de de de de	ш	G. HARRIE BR	OWN	rank.				EMIL	Y	
MAR retained to 5 should	0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING A	DDRESS	(Street an	nd Number or Rural F	loute Numbe	r, City
2 8 6		F.D. FENHAGEI	N		610	09 1	BELI	LINGHAM	CT.	E
IMORE say director, pa		20a. METHOD OF DISPOSITION 1 Security Surface 2 Cremetion 3 Record 4 Donation 5 Other (Specify)	emovel from State		ENMOU			ne of IETERY	DATE	2
BALTIMOR ours after death. Page 6 may d in by the funeral director, p or removal.		21. SIONATURE OF FUNERAL SERVICE	R. Javis	711		22. 1			JENK	IN
FAL RECORDS, P.O. BOX 68760, The law requires that the death certificate be executed within the has been signed by the attending physician and completely the Dect. of Health and Mental Hygiene prior to burial, crewall in 73 shows any lailury, or other traumatic event.	AN: MEDICAL CER	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other eignificant conditions of the condition of the condition of the condition of the condition of the condition of the cause	o	R AS A CONS	EOUENCE OF)			Cause given in	Part I.	24a. W P 1 🔲 '
. 82	Sic	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	R/Outpatient	3 🗆 DOA	OTHER	ir .	5 Residence		
OF HYSIC With th	Y PHY	27. MANNER OF OEATN 1 Netural 5 Pending	28a. DATE OF IN (Month, Day,	JURY	28b. TIME INJU		28c. INJU WOF	JRY AT	28d. OE\$C	
ISIC TTENDI TTOR: A after d	8	2 Accident Investigatio 3 Suicide 5 Could not b 4 Nomicide datermined	28e. PLACE OF I	NJURY A1	home, farm, st	reet, facto	ory, office		28f. LOCAT	FION (
Z 7 2 =	OMPLET	one) —	YSICIAN: To the beat of m							
	8	296. SIGNATURE AND TITLE OF CERTIF	TIER					29c. LICENSE NUN	IBER	
THE SO THE SE STEED		John W.	Bow	ie n	10			7206	49	
	1 TO	31. DATE FILED (Month, Day, Year)	E M.D. 68	OO YO	ORK RI		rows	SON, MD.	212	04
	10	AUG 1 0 1993	Fisher Devid	our-for	delle					

3. TIME OF DEATN -1993 7:35AM BIRTNPLACE (State or Foreign Country) MD. 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: WHITE OF BUSINESS/INDUSTRY OMEMAKER Asiden Sumame) or Town, State, Zip Code) BALTO., MD. 21210. Oc. LOCATION - City or Town, State BALTO., MD. S & SONS CO. ALTO., MD. 21212. Approximate interval Between reepiratory erreet, **Onset and Death** MAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO NOW INJURY OCCURED Street and Number or Rural Route Number, nd manner as stated. ice, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 9 3

33.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attained to the thin cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filled with the State begit, of Health and Mental Hyghere prior to burial, creamonal. IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		· · ·	CERTIF	ICATE U	F DEATH	2 DA	REG. NO			2 TIME OFFICE	
Allan Joseph Fow	ler					1	2	3	93	4451	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEA			TE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
	1 X M 2 F	65	YRS.	MONTHS DAY	B HOURS MIN.		onth, Day, Year)		Mar	yland	
9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOCATION OF D	_	,,	9c. COL	JNTY OF D		
Carroll County G	eneral H	ospita	1	West	minster				arro	11	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY	
Maryland Bal	timore			nsdowne					1 YES 2 NO		
10e. STREET AND NUMBER	OZ.MOZO		1,00	TISCOWING	101. ZIP CODE			TIZEN OF V			
1909 Hammonds Fe	rry Road			1	21227				USA		
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED	13. WAS 1	ECENDENT OF HISPA	NIC ORI	GIN? (Specify Yes	or No-	14. RACI	14. RACE — American Indian, Black, White, etc. Specify: White	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES	B		es 2 NO Specific		to Ricen, etc.)		100		
15. DECEDENT'S EDU	CATION								1	W112 CC	
(Specify only highest grade	completed)		(Give kind of life, Do NOT us	WORK done during	NTION most of working	- 11	16b, KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12) 10th	College (1-4 or 5		USCO	.,			MESC				
17. FATHER'S NAME (First, Middle, Last)			USCO		18. MOTHER'S NA	AME (Firs	MFG.	Sumamal			
William Fowler					Esther			Garnerney			
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRESS (Stre	et and Number or Rural			n, State, Zij	ip Code)		
Ramona G. Fowler										ryland 21:	
26e. METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 Rem	ovel from State	20b. PL	ACE AND DATE	OF DISPOSITION	(Name of	0.	ATE 20c LO	CATION -	Clay or To	was State	
4 Donation 5 Other (Specify)		Mar	y land	Veterar	s Ceme. 8	3/12	/93 Cro	wnsv	ille	, Md.	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRESS OF FA	ICILITY					
Furt 1/s	MAN				ISA KIINAYS	3 I H	ome of	Tanc	down	0	
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Multiple	e VV	umah	2719	Hammonds Hoda of dying, suc	Fr.	Rd. La	nsdo	wne.	Md. 21227	
immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	Mwhele Over TO Bour TO	e VV	NSEQUENCE OF	2719	Hammonds	Fr.	Rd. La	nsdo	wne.	Md. 21227	
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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
ir death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Cours after death. Page 6 may be retained by the hospital or attending physician.
BALLIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR DECEDENT'S NAME (First	t, Middle, Last)	4-1-3		ERTIF					2. DAT	REG. NO	DAY	YEAR	3. TIME OF DEATH	
Stanley		F	FT	NCH					47	aust.		99		
			6. AGE (In yrs. la	3. AGE (In yrs. last birthday)		t YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Jan. 22, 1912			BIRTHPLACE (State or Foreig Country) Mass		
e. FACILITY NAME (If not in	netitution, give	street end number)	- 01		9b, CITY	TOWN	OR LOCATI	ON OF DE	_	-2,171	9c. COU			
Frank1	in Sau	are Hospi	ital								1000			
RESIDENCE OF DE	LLai	al			Rossville			Bal			timore			
Md.	re	10c. CiTY,			ry, town or location Essex						10d. INSIDE CITY LIMITS? X 1 YES 2 NO			
0e. STREET AND NUMBER	744					10	f. ZIP COD	E			10g. CITI	IZEN OF	WHAT COUNTRY?	
416 Be	eck St	reet						212	21			USA	1	
1. MARITAL STATUS Never Married 2 Widowed 4 Divi		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		1	if yes, sp	CENDENT Concepts 2 12 NO	n, Mexica	n, Puerto	IN? (Specify Ye Rican, etc.)	es or No—		CE — American Indian, ock, White, etc. scily: White	
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o. INFORMANT'S NAME (ffin	16	92	O WOO	s (Street i	and Number	or Aural I	Ba1	nber, City or To	wn, State, Zip e. Md.	212	221	
0a. METHOD OF DISPOSIT	TION		20b. PLACE	AND DATE	OFDISPOS	ITION /N	eme of		DA	TF 20c. L	OCATION -	City or	Town State	
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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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the funeral director, page 5 should be detached wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR		STATE OF			RTMENT OF H		MENTAL HYGIENE REG. NO.	93	23036
FOLBES 7	HOHA	s G-1	Thomas	G.	Forbes,	III	2. DATE OF DEATH 08/(MONTH DAY 7	93	3. TIME OF DEATH 243 AH
SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (In yrs. last I			IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign

1 - STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPAI CERTIF			EALTH AND	MENT	AL HYGIEN	E		
1. DECEDENT'S NAME (First, I		s G1	Thoma	as G.				40	E OF DEATH O	8/07/9	3	3. TIME OF DEATH 243 AH
4. SOCIAL SECURITY NUMBER	R	5. SEX		yrs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DAT	FOF BIRTH	/	BIRTH	PLACE (State or Foreign
216-50-00		1 XM 2 F	4	5 YRS.	MONTHS	DAYS	HOURS MIN.		14/30/4	18	Mai	ryland
9a. FACILITY NAME (If not inst					96. CITY	Y, TOWN C	R LOCATION OF	DEATH		9c. COUNT		
Joseph Ri	chey :	Hospic	e			Balt	cimore	Cit	У			-
RESIDENCE OF DECI	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d, INSIDE CITY
Maryland							Ra1t	imo	re Cit	- 37		LIMITS?
10e. STREET AND NUMBER						101	. ZIP CODE	LIIIO	IC OIL		N OF W	WHAT COUNTRY?
1513 E. 3	6th S	treet					21	218			US/	4
11. MARITAL STATUS 1 X Never Married 2 A 3 Widowed 4 Divorce	larried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 XNO		If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Spec	ANIC ORIG	IN? (Specify Yes			— American Indian, c, White, atc.
15. DECE	DENT'S EDUCA	TION	1	6a. DECEDENT'S	USUAL O	CCUPATIO	DN .	10	86. KIND OF BUS	INFSS/INDI/S	TDV	White
	highest grade co			(Give kind of life. Do NOT u	work done se retired.)	during mo	st of working		ou. KIND OF BUS	INCSS/INDUS	PIRT	
12	-/			Mainten	ance	Wor	ker		BI ₄	II Ai	rnc	rt
17. FATHER'S NAME (First, Mid								AME (First	, Middle, Maiden		-1/	/1.
Thom	as G.	Forbe	s, Il					Lu	cille	M. F	ost	er
19a. INFORMANT'S NAME (Typ	e/Print)			1	ADDRES	S (Street a	nd Number or Rura					
Lucille M		ter		1513	Ε.	36t	h Stre	et	Balto	M	D 2	21218
20a, METHOD OF DISPOSITION 1 Disposition 2 Cremation	3 - Remove	al from State	20b. Pl	LACE AND DATE	OF DISPOS	SITION (Na	me of	DA	TE 20c. LO	CATION — CIT	y or To	wn, Stata
4 Donation 5 Other (S		1055 4 4	Me	tro Ci			y,Inc.		' Ba	ltime	ore	MD_
21. SIGNATURE OF EUNERAL	SERVICE	May	The same				tion S		etv of	Md	Т	nc
George	E. 1	MacNabl	b		29	99 F	rederi	ck	Rd. B	alto	,	MD 21228
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PART ii. <u>Othar</u> algnifican	conditiona	contributing to	death but	not resulting	in tha ur	ndariying	g cause given i	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO						26. PL	ACE OF DEATH (C	heck only	one)		_	
EXAMINER?		HOSPITAL:	ER/Outpati	ent 3 DOA	OTHE	R:	e 5 ☐ Rasidence	/	her (Specify)	toso	11	0
27. MANNER OF DEATH		26a. DATE OF (Month, D	INJURY	28b. TIN		28c. INJ		-	ESCRIBE HOW II	JURY OCCU	RED	
	inding reatigation	NA	7		M		ES 2 NO					
3 Suicide 6 C	ould not be termined	28e. PLACE O building,	F INJURY — etc. (Specify)	At home, ferm,	street, fac	tory, offici		281. LO	CATION (Street a by or Town, State)	nd Number or	Rural A	loute Number,
		AN: To the best of On the beals of a) and manner as stated.
296. SIGNATURE AND TITLE C		1					29c. LICENSE NO		I			(Month, Day, Year)
K Aust	0	511		a no	10		THE MOUNTE IN	ETI		DATE S		>_63
3. NAME AND ADDRESS OF	PERSON WYO	COMPLETED CAUS	SE OF GLATI	(ITEM 27) (Type	Print)	820	٨.٧.	te	Sar	RI	/2	21211
31. DATE FILED (Month, Day, Ye	ar)	T 22: 9EGISTRA	R'S SIGNAY	UNE ICE	1	0-0		200	504.	0010	N	- 1 -0/
I AUG 1 0 100	3 4	Sig North	. 70	2.00	- 7							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after death with the State Door of Health and Marial Hunisian prior to burial presention or removal	Find what it can ask marked, or file 25 shows any finitive, or other trainmatic event, the medical examiner must be notified at one.
TO THE H	TO THE FI	IMPORT

	FOR CT	'ATT OF \$440\'/\ 440	. / DED4/				93	23037	
	1 - STATE REGISTRAR	ATE OF MARYLANI		ICATE OF		MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Campbell, Glov					2. DATE OF DEATH DO		3. TIME OF DEATH	
		M 2 🗆 F 6	lest birthdey)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 1 2		SIRTHPLACE (State or Foreign Sountry)	
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 73c + 73c +								
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							
1 1	MD			Balt				IMITS? 1X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 21216 USA								
S	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S.	ARMED		CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14.	RACE — American Indian	
BY	3 Widowed 4 Divorced	ORCES? 1 X YES 2 YES, GIVE WAR OR DATES			pecify Cuben, Mexico S 2 NO Specif	n, Puerto Rican, etc.)		Black, White, etc. Specify: TS ack	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) 9 th	ope (1-4 or 5+)	Give kind of the Do NOT u	S USUAL OCCUPAT: work done during m see retired.)	ION ost of working	16b. KIND OF BUS	SINESS/INDUST	яY	
E COM	17. FATHER'S NAME (First, Middle, Last) CHARLES CAMPBELI				18. MOTHER'S NA	ME (First, Middle, Melden BUCK	Surname)		
TO B	194. INFORMANT'S NAME (Type/Print) HELEN L. CAMPBEL	L			and Number or Rural S FARM	RD. COL	n, State, Zip God		
	20s. METHOD OF DISPOSITION 1 V Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DATE 20c. LOCATION - City or Town, State GARRISON'S FOREST VETERANS CEMETERY 81193 OWINGS MILLS, MD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE)	MAR (H FUNER		WEST		
CERTIFICATION	23. PART I. Enter the diseases, or complishock, or heart failure. List of IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A COM	ISEQUENCE O	urheye M: Cance	from	~ Esoph.		Interval Between Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions con	tributing to death but n	ot resulting	in the underlyir	ig cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
YSIC	1 UYES 2 NO	SPITAL: Inpatient 2 - ER/Outpatien			ne 5 🗆 Residence	6 Other (Specify)			
	1' Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	ED .	
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — A building, etc. (Specify)	1 home, farm,			28f. LOCATION (Street a City or Town, State)	and Number or R	lural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 2							use(a) and manner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			SNED (Month, Day, Year)	
7 TO	30. NAME AND ADDRESS OF PERSON WHO COM		(ITEM 27) (Type	e, Print)				1117	
+		32. REGISTRAR'S SIGNATUR) M/LS						
1	AUG 1 0 1993 4	his Tevidor B	phill						

WE will be a second of the sec

1 - STATE REGISTRAR		STATE OF N		ERTIF					MENIA	REG. NO	_		
1. DECEDENT'S NAI	ME (First, Middle, Lest)		by, Jr						2. DATE	OF DEATN	29-93	YEAR 3. 1	IME OF OEATN
4. SOCIAL SECURIT	110000000	5. SEX 1 M 2 D F	6. AGE (In yrs. Is	ast birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	(Month	OF BIRTN , Day, Year) - 7 - 20		Country)	CE (State or Foreign
9e. FACILITY NAME	(If not institution, give s	,			9b. CITY		alto	ON OF DE		7 20		Y OF DEATH	
RESIDENCE O	F DECEDENT	rv .		I 40. 00	TV TOWAL								
3820 RESIDENCE O 100. STATE Md					ry, rown o Balt		ION						LIMITS?
	IUMBER						. ZIP CODE	E			10g. CITIZE	N OF WHAT	
3820 B	elle 1	100					212)] 5				II C	OTTO-
11. MARITAL STATUS 1 Never Married 3 Widowed 4	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 WI IF YES, GIVE WAR OR DATES					If yes, spe	ENDENT O	F HISPAN In, Mexica	in, Puerto F	? (Specify Ye ticen, etc.)	n or No- 1	Specify:	American Indian, lite, atc. Black
	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.) 16b. KIND OF BUSINESS/INDUSTRY												
17. FATHER'S NAME			-				18. MOYI	HER'S NA	ME (First, A	fiddle, Maiden	Sumame)		
H	George	e Goolsby	,					Em	ma	Winaf	ined		
O INPOHMANT'S											rn, State, Zip C	iode)	
Ruth G	Goolshy							+ Ph		Pa 1	OATION O	200	
	Cremetion 3 - Rem	novel from State	cemetery.c	e and date	of bishos other place) eme	ters	ma or J		8-7-	731 C	oll in	asda	le, DelC
	ala envice Li	Mari	1		22.	NAME AN	ND ADDRES		CILITY) Wab		
immediate cau disease or condi resulting in deat	lition	a. Due to	use on each lir	ne.				-		lec or reap	iratory arres	st,	Approximate Interval Between Onset and Deati
if any, leading to cause. Enter UN CAUSE (Disease that initiated eve	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d.												
PART II. Other a	eignificant condition	na contributing to	deeth but not	resulting	in the ur	nderlylng	g ceuse (jiven in	Part I.	24a. WAS AN PERFO	RMED?	AMA CON OF	RE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFE EXAMINER? 1 YES 2 TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	ERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only on	e)			
EXAMINER?	NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHEI	R:			8 🗆 Other				CT COLUMN
27. MANNER OF DE	ATH 5 Pending Investigation	28e. DATE OF (Month, D		28b. TIR		28c. INJ WO					INJURY OCCU	RED	12
9 Culptde	8 Could not be determined	28e. PLACE O	OF INJURY — At I	nome, farm,	street, fact	tory, office				ATION (Street or Town, State	and Number o	Rural Route	Number,
4 Homicide 29e. CERTIFIER (Check only one) 2		BICIAN: To the best of IER: On the pasis of a											I manner as stated.
296. SIGNATURE AN	OFTICE OF CERTIFIE	a lower	1				29c. LICE	ENSE NUA	MBER C	,	29d. DATE	SIGNED (Moi	oth (Day, Year)
30. NAME AND ADD	MESS OF FERSION WE	HO COMPLETED CARE	er or or or or	THE RES. CT.	4	-	87 4		7			1- 1	1 1

BALTIMORE, MARYLAND 21215-0020. nours after death. Page 6 may be retained by the hospital or atten-TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Frouts after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

isit permit. Pages 1, 2, 3 should

OHMH-18 Rev 1/89

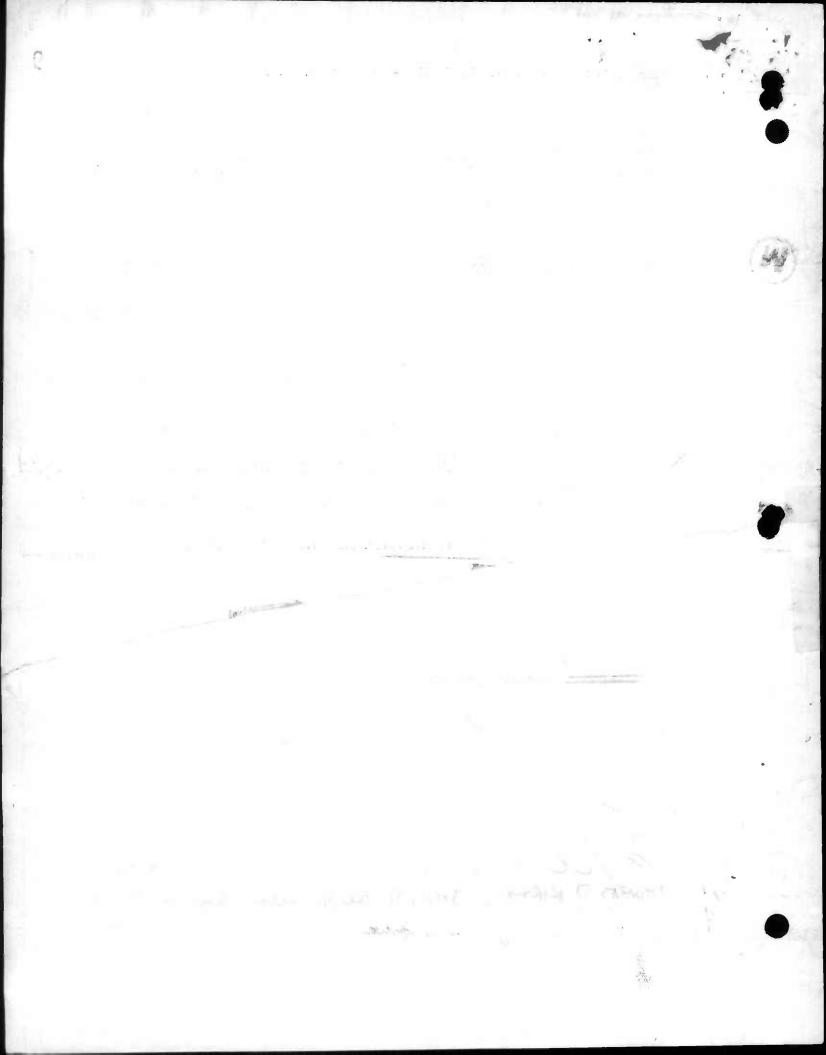
Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 6876s, ALTIMORE, MARYLAND 21215-0020

TO HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exec. 24 hours after death. Page 6 may be retained by the hospital or attending physician. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and within 72 hours after death with the State Deft. of Health and Mental Hygiene prior to madon, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumid, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) ALBERT GOUGH	-		JULY 8, 199		.0:38 p.mm
	4. SOCIAL SECURITY NUMBER 218-48-0516 5. SEX 8. AGE (In)		UNDER 1 YEAR SF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIETH	a. BIRTHPLA Country)	CE (State or Foreign
NG.	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL		CITY, TOWN OR LOCATION OF D		BALTIMORE	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10a.		WN OR LOCATION		100	I. INSIDE CITY
	MD BALTIMORE	BA	LTIMORE CIT	*	1 [YES 2 NO
FUNERAL	1013 NORTH CASTLE STREE	101.3 NORTH CASTLE STREET 21.4				
ВУ	11) MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2/ NO	13. WAS DECENDENT DF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerlo Rican, etc.)	No- 14, RACE - Black, WI	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re Un emp	inal OCCUPATION done during most of working lined.) Oyed	16b. KIND OF BUSINI	ESS/INDUSTRY	
E COM	17. FATHER'S NAME (First, Middle, Lest) FRANKLIN GOUGH		18. MOTHER'S N	AME (First, Middle, Maiden Sur	name)	
TO B	19a. INFORMANT'S NAME (Type/Print) VALERIE MCCRAY	196. MAILING AD	DRESS (Street and Number or Rural	REET BALTO		21205
	Burial 2 Cremation 3 Removal from State Donation 5 Other (Specify)	DS Deur	Mem-Garde	ns 7 0 9	Patt	Stite LMULAM
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	l	March F/H E	ast 1101 E	. North	Avenue
1	disease Dr condition	h lina.	enter the mode of dying, su	350.00	ere salere	Approximate Interval Between Onset and Death
CERTIFICATI	resulting in death) If any, reading to CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A C					
	PART II. Other significant conditions contributing to death but	not resulting in t	he underlying cause given in	Part I. 24a. Vano Part		
: MEDICAL	ENLOWE NEW FAIL	RÉ		1 TYES	NO OF	RE AUTOPSY FINDINGS
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)		
	1	ent 3 DOA 4 (FHER: Nursing Home 5 Residence 28c, INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW INJU	JRY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined	At home, farm, stree	M 1 YES 2 NO	281. LOCATION (Street and City or Town, State)	Number or Rural Route	Number,
COMPLET	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: Je, the best of my knowled	ge, death occurred at	the time, data and place, and du-			
BE CON	one) 2 MEDICAL EXAMINER: On the beale of examination at 29b. SIGNATURE AND TITLE OF CERTIFIER	nd/or investigation, in	my opinion, death occured at the	time, data and place, and de	ue to the cause(a) and	
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH	ufit	D27	161	7 9 9 3	nth, Day, Year)
4	THOMAS V. KIRSCH, J.	THED	600 No War	FE BANT A	-02121	8
Z.	AUG 0 9 1998 Julia Sevie	lan Pandal	L			



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The man was a second of the man and the man and the man and the man and the most of the mo	w	5d within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	NETANT If item 28 is marked or item 23 shows any injury or other fraumatic event the medical available to notified of order

3

	FOR 1 - STATE REGISTRAR	STATE OF MARY				MENTA			3	23040
	1. DECEDENT'S NAME (First, Middle, Last) Doris P	Gartrel		ICATE OF	DEATH	MONT	REG. NO	AY	YEAR	3. TIME OF DEATH 3.56 PM
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	77.7	6. BIRTH	IPLACE (State or Foreign
	219-22-7568	□ M 2 VF 66	YRS.	MONTHS DAYS	HOURS MIN.		th, Day, Year) 7 28, 1	926	Countr	yland
	9s. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF D		2.0 5 1	9c. COUN		
OR	Northwest Hospital	Center		Randal	llstown			Ralt	imo	re County
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		1					Dare	·Imo	
DIRECTOR	Maryland Carrol	11 Co	1000	ry, town on Loca Woodbine						10d. INSIDE CITY LIMITS?
1 1	10e. STREET AND NUMBER 10g. CITIZEN OF WHAT CI						1 YES 2 NO			
FUNERAL	5100 Woodbine Rd.				21797			USA	LI OF	WINI COOKINI!
3	11. MARITAL STATUS 12	. WAS DECEDENT EVER		13. WAS DEC	CENDENT OF HISPA	NIC ORIGI	N? (Specify Yes		14. RACE	E — American Indian,
	1 Never Married 2 Misrried	FORCES? 1 YES		It yes, sp	ecify Cuban, Mexic	an, Puerto	Rican, etc.)		Black Speci	c, White, etc.
ВУ	3 Widowed 4 Divorced				- A	,			Opeci	White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION ripleted)	(Give kind of	USUAL OCCUPATION	ON ost of working	168	. KIND OF BU	SINESS/INO	JSTRY	
۳		College (1-4 or 5+)	IIIe. Do NOT u	se retired.)						
₹	12 years		Seamstr	ess	7		Westmi		Kn	it
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N					
B	Henry S. Brandent	ourg					nia Be			
입	Mr. John W. Gartrel	II Cm		AOORESS (Street a						
	20a. METHOD OF DISPOSITION		b. PLACE AND DATE	Woodbine					797	
	XXBurial 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	from State	metery, cremetory or c	ther piece)	Dowle 0	1.2 O	20c. LO	CATION — C	ity or To	Maryland
1	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	KE VIEW	22. NAME A	ND ADDRESS OF FA	ACILITY				
ı	Dhuk Al	A		Burrie	r-Queen	Fune				
\vdash	23. PARTy. Enter the diseeses, or com	policetions that course	d the death. Do	1212 W	7. 01d Li	ibert	y Rd.	Wi	nfi	eld, MD 2178
	anock, or neert fellure. List	t only one ceuse on a	ech line.	nor entrei frie mic						
	disease or condition resulting in death)	Emphysem Journal Journal	A CONSCOUENCE O	onic br	, .		uiec of respi	ratory erre	st,	Approximete Interval Batween Onset and Daath
ATION	disease or condition		A CONSEQUENCE O	F):	, .			ratory erre	st,	Interval Batween
FICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS	A CONSEQUENCE O	F):	, .		inec of respi	ratory erre	st,	Interval Batween
RTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE O	F):	, .			ratory erre	st,	Interval Batween
. CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	A CONSEQUENCE O	F): F):	onchitis		9		st,	Interval Batween
ပ	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O	F): F): In the underlying	onchitis			AUTOPSY IMED?		Interval Batween
ပ	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the condition	DUE TO (OR AS A	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O	F): F): In the underlyin	onchitis	i Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?		Interval Batween Onset and Daath WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL C	Sequentieily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions cause. Entar in the cause of the	OUE TO (OR AS A	A CONSEQUENCE O	F): In the underlying MADM 26. PI OTHER:	g couse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?		Interval Batween Onset and Daath WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL C	Sequentieily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions conditions cause. Examiners 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 Y NO 1	OUE TO (OR AS A ONTRIBUTING TO (OR AS A ONTRIBUTING TO GENERAL:	A CONSEQUENCE O A CONSEQUENCE O Dut not resulting	F): In the underlyin; MASM 28. PI OTHER: 4 Unursing Hom IE OF 28c. INJ	g ceuse given in	n Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MEO? NO	24b.	Interval Batween Onset and Daath WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL C	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions conditions cause. EXAMINER? 1 YES 2 NO	OUE TO (OR AS A OUTFIBUTING TO GENTAL:	A CONSEQUENCE O A CONSEQUENCE O Dut not resulting	F): F): In the underlying MADM(26. Pt OTHER: 4 Nursing Hom IE OF 28c. INJ. WC	g couse given in	n Part I.	24a. WAS AN PERFOR 1 U YES 2	AUTOPSY MEO? NO	24b.	Interval Batween Onset and Daath WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL C	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	OUE TO (OR AS A ONTRIBUTING TO (OR AS A ONTRIBUTING TO GENERAL:	A CONSEQUENCE O A CONSEQUENCE O Dut not resulting	F): F): In the underlying MADM(26. PI OTHER: 4 Nursing Hom IE OF 28c. INJ. WC 1 1	g ceuse given in 2) ACE OF OEATH (CI 10 5 Residence IURY AT PIES 2 NO	heck only or 6 Other 28d. DE:	24a. WAS AN PERFOR 1 U YES 2	AUTOPSY MED?	24b.	Interval Batween Onset and Daath Were autopsy findings awaitable prior to COMPLETION of Cause OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	Sequentieily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions cond	OPPITAL: Inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, atc. (Spe	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting YOUT DU A 26b. Tilk IN.	F): In the underlying ABM OTHER: 4 Nursing Hom IE OF 28c. INJ. WY M 1 1	g ceuse given in 2) ACE OF OEATH (CI LINY AT PKES 2 NO	heck only or 6 Other 28d. DE:	24a. WAS AN PERFOR 1 YES 2 Trick (Specify) SCRIBE HOW II CATION (Street a or Yown, State)	AUTOPSY IMPORTANT NO NO NO NO NO NO NO NO NO NO NO NO NO	JRED	Interval Batween Onset and Daath Were autopsy findings awaitable prior to COMPLETION of Cause OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	Sequentieily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions cond	ONE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	F): In the underlying 26. PI OTHER: 4 Nursing Hom IE OF 28c. IRI URY M 1 1 1 1 street, factory, officed at the time, data	g ceuse given in 2) ACE OF OEATH (C) 10	heck only or 6 Other 28d. DE:	24a. WAS AN PERFOR 1 YES 2 To Specify) SCRIBE HOW II CATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCC	JRED JRED or Rural R	Interval Batween Onset and Daath WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL C	Sequentieily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions cond	ONE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	F): In the underlying 26. PI OTHER: 4 Nursing Hom IE OF 28c. IRI URY M 1 1 1 1 street, factory, officed at the time, data	g ceuse given in 2) ACE OF OEATH (C) 10	heck only or 6 Other 28d. DES	24a. WAS AN PERFOR 1 YES 2 To Specify) SCRIBE HOW II CATION (Street a or Town, State)	AUTOPSY IMEO NO NJURY OCC and Number of	JRED JRED d. ceuse(s)	Interval Batween Onset and Daath WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the cause of injury that initiated events resulting in deeth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Pending investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Could not be designed in the cause of	ONE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	F): In the underlying 26. PI OTHER: 4 Nursing Hom IE OF 28c. IRI URY M 1 1 1 1 street, factory, officed at the time, data	g ceuse given in 2 J ACE OF OEATH (C) 10 5	heck only or 6 Other 28d. DES	24a. WAS AN PERFOR 1 YES 2 To Specify) SCRIBE HOW II CATION (Street a or Town, State)	AUTOPSY IMEO NO NJURY OCC and Number of	JRED A. ceuse(s) SIGNEO	Interval Batween Onset and Daath WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL C	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	OUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting OOTION 26b. Till IN. I' — At home, farm, city) riedge, death occurr in and/or investigation	F): In the underlying ABM 26. Pi OTHER: 4 Nursing Hom IE OF IURY M II Nursing Hom Street, factory, office ed at the tima, data on, in my opinion, d	g ceuse given in 2 J ACE OF OEATH (C) 10 5	heck only or 6 Other 28d. DES	24a. WAS AN PERFOR 1 YES 2 To Specify) SCRIBE HOW II CATION (Street a or Town, State)	AUTOPSY IMEO NO NJURY OCC and Number of	JRED JRED d. ceuse(s)	Interval Batween Onset and Daath WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	OUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting Polyport 1 DOA 26b. Till IN. In and/or investigation an and/or investigation	F): In the underlying ABM 26. Pi OTHER: 4 Nursing Hom IE OF IURY M II Nursing Hom Street, factory, office ed at the tima, data on, in my opinion, d	g ceuse given in 2 J ACE OF OEATH (C) 10 5	heck only or 6 Other 28d. DES	24a. WAS AN PERFOR 1 YES 2 To Specify) SCRIBE HOW II CATION (Street a or Town, State)	AUTOPSY IMEO NO NJURY OCC and Number of	JRED A. ceuse(s) SIGNEO	Interval Batween Onset and Daath WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Northwest H

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CENTIF	ICATE	OF DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Lest) CHARLES	GERBER						YEAR S. LOP
	4. SOCIAL SECURITY NUMBER	-8-	(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	Aug. 8,		BIRTHPLACE (State or Foreign
	216-03-2503	12CXM 2 □ F 92		MONTHS D	AYS HOURS MIN.	Jan 27, 1		Country) Maryland
~	9e. FACILITY NAME (If not institution, give				WN OR LOCATION OF D	EATH		Y OF DEATH
CTOR	Northwest Hospit	al Center		Rand	dallstown		Balt	imore County
REC	10e. STATE 10b. COUN	TY	10c. Cl	TY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
0		imore Co.	We	oodmoo				1 YES 2 NO
ERAL	3528 Sussex Rd.				101. ZIP CODE 21207		USA	N OF WHAT COUNTRY?
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			DECENDENT OF HISPA		es or No — 1	RACE — American Indian, Black, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR E			YES 2 X NO Speci			Specify: White
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	work done duri	IPATION ng most of working	16b, KIND OF B	USINESS/INDU	STRY
Ä	Elementary/Secondary (0-12) 5th Grade	College (1-4 or 5+)	iiile. Do NOT t			m.:	D	T
COMPL	17. FATHER'S NAME (First, Middle, Last)		MOvie (operate	-	AME (First, Middle, Meide	um Dri	ve-In
EC	Louis Gerbe	r			Em			
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	treet and Number or Rural			ode)
9	Mrs. Alma Cole		3611	Tulsa	Rd. Balt	imore, MD	2120	7
	20a, METHOD OF DISPOSITION 1∑CMBuriel 2 ☐ Cremation 3 ☐ Rat	novel from State Cer	b. PLACE AND DATE	OF DISPOSITIO	N (Name of			ty or Town, State
	4 Donation 5 Other (Specify)		metery, cremetory or codlawn	Cemete:	ry 8-11-			Maryland
	· John V	Buld			ME AND ADDRESS OF F ing Byers 8 Liberty			
	23. PART 1. Enter the diseases, or	complications that cause	d the death. Do					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)				en Acc	dent		Onset and Deat
NO	Sequentially list conditions.	b						
RTIFICATION	if any, leading to immediats cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE (JF):				
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):				
ERT	resulting in death) LAST	d						
O	PART II. Other significant condition	ons contributing to death	but not resulting	In the unde	riving cause given in	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL							PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ						7 1 1		1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpetient 3 DOA	OTHER:	Home 5 Residence	6 Other (Specify)		
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		ME OF 28	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
BY	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO			
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, scify)	, street, factory,	office	281. LOCATION (Stree City or Town, Star		r Rural Route Number,
COMPLE	anal and	SICIAN: To the best of my know						l. couse(e) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI			ion, in my opin				
TO BE	Molelel	D OA	ACER		D 40		▶ 8	SIGNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON W	NORTHWEST	HOSPI	TAL	LENTER	- 1 1 4 1	3/135	2
	31. DATE FILED (Month, Day, Year)	5401 DU) court	RD.	RANDAUST	ant, mue	2113	3
	AUG 1 0 1993	Adia Davidson	Mandalla					

AND CHARTIE

John K. Hay with

State of Land Control

ATTENDED TO THE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

020	Physician.	burial-transit permit	
BALTIMORE, MARYLAND 21215-0020	leath. Page 6 may be retained by the hospital or attending	funeral director, page 5 should be detached for use as the	xaminer must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-turner permits be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERT	IFICATE (OF DEATH		REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			3. TIME OF DEATH
CORA EILEEN GRA	P				08		199	3 YEAR	7300
4. SOCIAL SECURITY NUMBER 212-18-2449	5. SEX 6.	AGE (In yrs. last birthda 71 yrs	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	(Mo	E OF BIRTH	-	8. BIRTH Count	
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF D		24. 1	921	UNTY OF D	RYLAND
UNIVERSITY			100	TIMORE			N/		
10e. STATE 16b. COUNT	ry	10c.	CITY, TOWN OR L	OCATION			-		10d. INSIDE CITY
MD AN	NE ARUNDEL	1	MILLERS	VILLE					1 TYES 2 NO
10e. STREET AND NUMBER	14	575		101. ZIP CODE			10g. CI	TIZEN OF Y	VHAT COUNTRY?
8293 BROOKWOOD	ROAD			21108			U	S.A	
11. MARITAL STATUS 1 Never Married 2 Merried 3 X Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If ye	B DECENDENT OF HISPA es, specify Cuban, Mexic YES 2 200 Spec	en, Puarto	IN? (Specify Yes Rican, atc.)	es or No—	14. RACI Black Spec	E — American Indian, k, White, atc.
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDEN	T'S USUAL OCCU	PATION	16	Sb. KIND OF BU	JSINESS/IN	DUSTRY	
Elementary/Secondary (0-t2)	College (1-4 or 5+) NONE	life. Do NO	NG WORK			ВООК	FACT	'ORY	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First			J	
WALTER RAYMOND	HOOD			MARGAI				E	LLIS
19e. INFORMANT'S NAME (Type/Print)	<u></u> -	19b. MAIL	ING ADDRESS (St	reet and Number or Runs	Route Nu	mber, City or Tox	wn, State, Zi		
MARGARET MARCHETE	ERRE		04 ISTE			BURNIE		210	61
20g METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Ren	noval from State	20b. PLACE AND DA		N (Nama of	OA	TE 20c, L	OCATION -	City or To	wn, State
Donation 5 Other (Specify)			E PARK	CEMETERY		·11 WC	ODLA	WN, N	1D
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			GLETON FUN		HOME			
Of Aker	Haki			ECOND AVE.			•	NTF	MD 21061
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR DUE TO (OR C.	AS A CONSEQUENCE	E OF):	arrage					11 0045
PART II. Other significant condition	d	ath but not resulting	ng in the under	flying cause given in	Part i.	24e. WAS AF PERFO 1 YES	RMED?	24b	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERBED TO MEDICAL EXAMINER?			2	8. PLACE OF DEATH (C	heck only (one)			
1 YES 2 NO	HOSPITAL: 1 Sinpatient 2 ER	/Outpatient 3 DO/	OTHER:	Home 5 - Residence	8 🗆 Oth	er (Specify)			
7. MANNER OF DEATH	28e. OATE OF INJU (Month, Day, Y		TIME OF 280	: INJURY AT WORK?	_	SCRIBE HOW	INJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investigation				YES 2 NO					
3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF IN- building, atc.	JURY — At home, ferr (Specify)	m, street, fectory,	office	281. LO Cit	CATION (Street y or Town, State	and Numbe	or Plural F	loute Number,
	ICIAN: To the beat of my								
2 MEDICAL EXAMIN	ER: On the basis of exami	nation and/or investige	etion, in my opinio	on, death occured at the	time, dat	e end place, e	nd due to t	he ceuse(s) and manner as stated.
96. SIGNATURE AND TITLE OF CERTIFIE	the h	W)		29c. LICENSE NU	MBER		29d. DAT	SIGNED	(Month, Day, Year)
O. NAME AND ADDRESS OF PERSON WI						:		A. A	
KEUN ZM	NAY MAY	ms De	PT NEW	rosinating	BALT	monei	120		
AUG 1 1	9932. REGISTHAR'S	SIGNATURE	whath				12.71		

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Раре 6 т	director,	er must
er death.	the funera	i examir
hours aft	lied in by	e medica
within 24	ripletely fi	vent, the
e executed	an and co	umatic e
ertificate b	ng physicia	other tra
e death ce	he attendii	lury, or
es that th	gned by ti	s any in
law requir	as been si	23 show
SIAN: The	rtificate h	or item
IG PHYSIC	ter this ce ath with ti	narked,
ATTENDIA	ECTOR: Af	n 28 is r
PITAL DR	ERAL DIRI	T. If iten
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Deot, of Heath and Mental Housier brids, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	무원	=

93 23043 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		23043
	1. DECEDENT'S NAME (First, Middle, Last)					2) PATE OF DEATH		3. TIME OF DEATN
	HUCH C	ILDEA	Jr.			8		3 10:30 A M
		The second second	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
		X M 2 □ F 68	YRS.			Apr 17, 1		Pennsylvania
OC.	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF DI	EATN	9c. COUNTY	OF DEATH
DIRECTOR	Medbridge Nursing	Home		Rossvil	lle		Ва	ltimore
3EC	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	TON			10d. INSIDE CITY
	MD Bal	timore		Essex	K	1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			101.	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
KER	546 Woodlynn Terra				21221			USA
5	11. MARITAL STATUS 12 1 Never Married 2XXMarried	2. WAS DECEDENT EVER IN FORCES? 1 V YES	2 NO	13. WAS DECI	ENGENT OF NISPAN	NIC ORIGIN? (Specify Year, Puerto Rican, stc.)		RACE — American Indian, Black, Whita, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES 1 TYES 2						Specify:
	15. DECEDENT'S EDUCATION	ION	18a. DECEDENT'S U	ISUAL OCCUPATIO	nn -	16b. KIND OF BU		hite
COMPLETED	(Specify only highest grade com	npleted) College (1-4 or 5+)	(Give kind of we	ork done during mos	sl of working	The range of 22	3ME33/11000.	int
립	8yrs	runda (i.e. a. a.,	Outside	Machini	ist			
SO	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)	
BE O	Hugh Gildea, Sr.				Anna Fe	atherstone		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street at	nd Number or Rural	Route Number, City or Tow	vn, State, Zip Coo	de)
-	Josephine Gildea		546 W	oodlynn	Terrace	Balto MD	21221	
	20a. METHOD OF DISPOSITION 1 N Burlat 2 Cremetion 3 Removal		PLACE AND DATE OF				CATION — City	,
	4 Donation 6 Other (Specify)	Hol	ly Hill			12, 1993	Balti	more, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	11	22. NAME AN	ID ADDRESS OF FA	CONN	elly 7	of Essex
	Connelly 1-	uneral 1	Home	300	Mace Av	e Balto M	D 212	21
	23. PART I. Enter the diseases, or com ahock, or heert failure. List							
	IMMEDIATE CAUSE (Final	- u 1 ·	on mie.	0 11				Interval Between Onset and Death
	disease or condition resulting in death)	ardia	- ar	rhyph	mas			
		DUE TO (OR AS A	CONSEQUENCE OF): /	1 -	farctia		
O	Sequentially list conditions, b	Molagia	2 Myc	X91du	al us	farcha	ν	
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	CAPD	AC A	(117)	U	/		
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF		*			
HT	resulting in death) LAST							İ
	PART II Other similiant andillans a	and the same and the first						
SAL	PART II. Other significent conditions of	contributing to deeth bu		0		Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
Ö	Titue vy	stot en m	10 LH	euken	ua ·	1 _ YES 2	⊇ □ NO	OF DEATH?
M	manyngen	WUSCYC	westno	mrw	12001a	n		1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			00.00	1 roun	ania		
SCI	EXAMINER?	OSPITAL:		OTHER:	ACE OF DEATH (Ch			
HYS	1 YES 2 NO 1	☐ Inpetiant 2 ☐ ER/Outpe 26s. DATE OF INJURY	atient 3 DOA 26b. TIME			8 Other (Specify) 25d. 0E\$CRIBE HOW I	IN HERW COCKER	
	1 Netural 5 Pending	(Month, Day, Year)	INJU	JRY WOR		26d. DESCRIBE NOW	NJURT OCCUM	ED
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, farm, st			28t. LOCATION (Street	and Number or F	Rumi Route Number
COMPLETED	4 Homicide detarmined	building, stc. (Speci	(V)			City or Town, State)		MATERIA - receipe - process receipes
LE.	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowle	adoa dosth necurrer	d at the time date.	and alone and due	- the revealed and ma		
SMP	(Check only one) 2 MEDICAL EXAMINER: O							was(a) and manner as stated.
	296. SIGNATURE AND TITLE DECERTIFIER	1CA O	100		29c. LICENSE NUM			
BE	Mali	100 000	Dun			3754.	▶ 8 /	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,)	Print)	1	, , , ,	1 0	0/13.
	30. NAME AND ADDRESS OF PERSON WHO CO			SROADW	AY, 151	ALTIMORE	_, MD.	- 21231.
6	AUG 1 0 1993	Fulle Devide	-Andreas					

Committee of the Sandan Mariana.

68760,
BOX
P.O.
RDS,
RECORDS
VITAL
OF
VISION
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	Pages 1, 2, 3 shou	
ding physician.	the burlal-transit permit.	
PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atten	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 st ath with the State Dept. of Health and Mental Hydiene prior to burlat, cremation, or removal.	ed at once
ith. Page 6 may be retained	neral director, page 5 shou	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
within 24 hours after dea	ripletely filled in by the fu cremation, or removal.	vent, the medical exa
th certificate be executed	by the attending physician and completely filled in bind Mental Hygiene prior to burial, cremation, or rei	or other traumatic e
aw requires that the dea	s been signed by the att ppt. of Health and Menta	3 shows any injury.
NDING PHYSICIAN: The I.	DR: After this certificate has been signed by the death with the State Dept. of Health and Is	Is marked, or Item 2
TO THE HOSPITAL OR ATTENDING I	TO THE FUNERAL DIRECTOR: After to be filed within 72 hours after death of	ORTANT: If Item 28
2	2 3	X

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	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	RTMEN	T OF H	EALTH	AND I	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
		J. GL	ASS							08	93	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, You		8. BIRTHP	LACE (State or Foreign
	250-66-2039	1 M 2 TF	52	YRS.		500	noons	mire.	04-18-			ERTON, S.C
000	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH									9c. CO	UNTY OF DE	ATH
DIRECTOR	318 COSBY ROAD	(Res	•)		В	ALTI	MOR	E				
1 2	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
E	MARYLAND			B	ALT	IMOR	RE					LIMITS? X YES 2 NO
AL.	10e. STREET AND NUMBER						ZIP CODE	E		10g. CI		IAT COUNTRY?
FUNERAL	318 COSBY ROAD						21	228			US	A
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AF	RMED	13	. WAS DECI	ENDENT C	F NISPAN	IIC ORIGIN? (Specify	Yes or No-	14. RACE -	- American Indian
ΒYΙ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		NO		1 TYES			n, Puerto Rican, etc.)	Specify:	White, etc.
	15. DECEDENT'S EDUC	471041	T									Black
1 !!	(Specify only highest grade of	completed)		ECEDENT'S live kind of a b. Do NOT us	words done	OCCUPATIO	IN st of workin	g	16b. KIND OF	BUSINESS/II	NDUSTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	. 50 1101 0	50 10th 9Q.	,						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			"			18 MOTE	IED'S NA	ME (First, Middle, Ma	des Consesso		
Ш	JESSIE JAMES								E ROBIN			
00	19e, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street or					7in Codel	
2	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) URIE B. GLASS 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 21228											
	20e. METHOD OF DISPOSITION	a vez William	20b. PLACE	AND DATE	OF DISPO	SITION /Na/	me of	-	DATE 20c	LOCATION -	- City or Town	n, State
1 1	4 Donation 5 Other (Specify)	val from State	OAKS	amatory or o	ther place	CHI	TRCE	CE	M. ST	MMER	TON.	9 0
	21. SIGNATURE OF FUNERAL BESTVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	LEROY O. DYETT & SON FUNERAL HOME											
	23. PART Lemer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate											
1	Intervel Between											
	disease or condition										Onset and Death	
	resulting in death) a	DUE TO	OR AS A CONSE	OUENCE O	F):	aa	C 42,		an T	43/4	100	-
z		75	(00	K		ac	1	600	7 12		4monThs
ERTIFICATION	Sequentially list conditions; if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):			,		7-		7.04775
S	csuse. Enter UNDERLYING											
H	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in deeth) LAST											
C	PART II. Other significant conditions	contributing to	deeth but not r	resulting	in the u	Inderlying	Ceuse o	lven in	Part I 24a WAS	AN AUTOPSY	/ 24b W	FERE AUTOPSY FINDINGS
MEDICAL				-		, ,			PER	FORMED?	A	MAILABLE PRIOR TO
									1 D YES	2 No	0	F DEATH?
2									-		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. Pt	ACE DE DI	EATH /Chi	ick only one)			
Sic		HOSPITAL:	EB/Outnationt 3	□ DOA	OTHE	R:						
Ŧ	27. MANNER OF DEATN	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	sidence	8 Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCURED	
ВУ Р	1 Natural 5 Pending	(Month, Da	ly, Year)	INJ	URY	WOF	RK? ES 2 [NO				
1	Suicide G Could not be	28e. PLACE Of	F INJURY At ho	me, farm, s	street, fac	ctory, office			281, LOCATION (Str	et end Numb	er or Rural Rou	ite Number,
TED	4 Nomicide determined	очнинд, п	etc. (Specify)						City or Town, St	are)		
COMPLET	29a. CERTIFIER Check only	IAN: To the best of	my knowledge, de	ath occum	ed at the	time, date	end place	and due	to the cause(s) and	manner en et	hets	
MC	one) 2 MEDICAL EXAMINER											nd menner ee stated.
U U	29b. SIGNATURE AND TITLE OF CERTIFIER	0	2 1			Т	29c. LICE					fonth, Day, Year)
1 8 1	ma ?	Brl.	not in	la.			_		38	290. DA	S- /	9/9 >
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31 AUG 1 0 1993

Julia Davidson Mandale

AguaharTRd- Glea Burne MO

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed with pays after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, med in by the funeral director, page 5 should be detached for use as the buna be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bundal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	xecuted with	and completely burial, cremati	atic event, t
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ificate be ex	physician a	her traum
P.0.	ath cert	ttending tal Hygik	, or o
DS,	t the de	by the a	Injury
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JE V	HYSICI	vith the	ed, o
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2	AL DR	L DIRE	f Item
	10SPITA	rithin 72	ANT: 1
	TO THE H	TO THE F	IMPORT

	FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH OF DEAT			GIENE 3. NO.	93	23045		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH		
	Mildred Peters						8 -	7 –	1993			
	4. SOCIAL SECURITY NUMBER	100	(In yrs. last birthday		YEAR IF UNDER	24 HRS.	7. DATE OF BIR (Month, Day, 1	Year)	8. BIRT	THPLACE (State or Foreign ntry)		
	212-34-8790	1 D M 2XD F 56	YRS.		79.50		8-30-	1937	Mar	yland		
_	9s. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, T	OWN OR LOCATIO	ON OF DE	ATH	9c. C	OUNTY OF	DEATH		
6	3506 Spaulding Avenue Baltimore											
DIRECTOR	10a. STATE 10b. COUNTY		10c, C	ITY, TOWN OR	LOCATION					10d, INSIDE CITY		
<u> </u>	Md.			altimo						LIMITS?		
	10e. STREET AND NUMBER		1 1	AT CIIII	10f. ZIP CODE			10g	CITIZEN OF	WHAT COUNTRY?		
FUNERAL	3506 Spaulding	7,110			212				USA			
¥	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ARMED	13 W	S DECENDENT O		IC ORIGIN? (Son			CE — American Indian,		
F	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	H S	ves, specify Cuba	n, Maxicar	n, Puarto Rican,		Bla	ock, White, etc.		
84	3 Widowed 4 Divorced									Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEDENT (Give kind o	'S USUAL OCC	UPATION ring most of workin	g	18b. KIND	OF BUSINESS	INDUSTRY			
E	Elementary/Secondary (0-12)	College (1-4 or 5+)										
MP			Dome	stic								
8	17. FATHER'S NAME (First, Middle, Last)	ME (First, Middle,		ie)								
BE	Ernest Colema	an					thy Pe					
2	196. INFORMANT'S NAME (TypesPrint) 195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3506 Spaulding Ave. Balto., Md. 21215											
	Doris Peters											
	20e. METHOD OF DISPOSITION 1 Description 3 Remo	val from State	other place)					20c. LOCATION				
	4 Donation 5 Other (Specify)	Lane	Arbutu		OTIAL			Arbut	us,	Maryland		
	· Warris	6.2	_				Der			ones F.H.		
	23. PART I. Enter the diseases, Dr c	ompilcations that cause	ed the deeth. Do	not enter th	ne mode of dyi	ing, eucl	h as cardisc o	r reapiratory	arrest,	Approximate		
	shock, pr heart failure. List only and cause on each line. IMMEDIATE CAUSE (Finel											
	disease or condition (1) was than the last of the last											
	DUS TOR AS A CONSEQUENCE OF):											
z												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DATE HOST AS	A CONSEQUENCE	OF):								
8	cause. Enter UNDERLYING CAUSE (Disease or injury											
	that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):								
H	resulting in death) LAST											
T. I	PART ii. Other significent conditions	contributing to deeth	but not resultin	g in the und	erlying ceuse	given in	Part i. 24a,	MAS AN AUTOF	SY 2	4b. WERE AUTOPSY FINDINGS		
8								PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							_ '	YES 2 DENG		OF DEATH?		
Σ							-			1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				AN DI ACE OF D	EATH (C)	ant anti anni					
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF D							
ΙXS	1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY			8c. INJURY AT	aldanca			OOCHDED.			
	1 Natural 5 Pending	(Month, Day, Year,		NJURY M	WORK?	7 110	28d. DESCRIBE	HOW INJURY	OCCURED			
BY	2 Accident Investigation	28s. PLACE OF INJUI	DV At home four		1 YES 2	NO	ner rocation	(Daniel and Ma		- Courte Manches		
E	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Sc	pecify)	i, street, lactor	y, offica		City or Town		mper or Hure	al Route Number,		
E	20. CENTIFIED											
MPL	(Check er	CIAN: To the best of my kno										
COMPLET	2 MEDICAL EXAMINE	R: On the beals of examinat	ion and/or investiga	ition, in my opi	nion, death occu	red at the	time, data and p	laca, and dua	to the cause	e(a) and manner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	11	- 1		290 40	ENSE NUM	MBER	29d.		ED (Marith, Day, Year)		
00		1000	P	VM Cu	_ 1)	24	769		. 8	110/20		
2	30 NAMEAND ADDRESS OF PERSON WHO	-		- Marine	7					1191		







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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR	TO THE FUNERAL DIRE be filed within 72 hours	IMPORTANT: If Item	

93 23046 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

for 1 - STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND	MENTAL HYGIEN		23046		
1. DECEDENT'S NAME (First, MI			The state of the s	2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 215-05-2763	5. SEX 6. AGE	85 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) Dec. 28,	1907 M	IRTHPLACE (State or Foreign ountry) aryland		
Greater Balt	imore Medical C	Towson	DEATH	9c. COUNTY C	imore			
10e. STATE 10 Maryland	Baltimore	10c. CITY, TOV	VN OR LOCATION CKS 101, ZIP CODE		10d. INSIDE CLIMITS? 1 YES 2			
600 E. Bel			21152		USA	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Ma 3 X Widowed 4 Divorce	IF YES GIVE WAR OR	IN U.S. ARMEO S 2 NO DATES	13. WAS OECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 TYES 2 NO Spec	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White		
	ENT'S EDUCATION sheat grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	L OCCUPATION one during most of working ad.)	166. KIND OF BUS		RY		
17. FATHER'S NAME (First, Middle		Teacher	18, MOTHER'S N	AME (First, Middle, Maiden				
Michael Th	nomas Horner		Loula	Grace Kraf	t			
Mary Lou Har		ness (Street and Number of Burn and Road, Bal						
Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS OUE TO (OR AS d.	al infanct	ion I an dis	eale	MD 21093 Approximata interval Between Onset and Deatl			
25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 We							
25. WAS CASE REFERRED TO MEXAMINER?	HOSPITAL:		26. PLACE OF OEATH (C	THE PERSON				
		28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	D		
2 Suiside	28e. PLACE OF INJUR building, atc. (Sp	RY — A1 home, ferm, street, ec/fy)						
one) 2 MEDICA	ING PHYSICIAN: To the best of my kno EXAMINER: On the best of examinet					rse(a) and manner as stated,		
296. SIGNATURE AND TITLE OF	Bally , Ly		29c. LICENSE N	T& (► 1/6	NED (Month, Day, Year)		
Tanci	RSON WHO COMPLETED CAUSE OF C	74016	sler h, 70	uson, one	lrivo	4.		
2 AUG 1 0 1993	Julia Davidson-Aons	MATURE						



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-		1 - STATE REGISTRAR		STATE OF I	MARYL	AND / DEPA CERTII						GIENE 3. NO.		
	-	Zita Theresa Ensor Huffard Aug. 5, 1993 YEAR 1:05 A.										3. TIME OF DEATH 1:05 A. N		
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.								24 HRS.	7. DATE OF BIR	тн	8. BIRT	HPLACE (State or Foreign
2		213-74-780		1 M 2 XF		92 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 'ugust	1,1901	Cour MA	RYLAND
3 should		9a. FACILITY NAME (If not instit					9b. CITY	, TOWN C	R LOCATIO	ON OF DEAT	тн	9c. C0	OUNTY OF	DEATH
2,	CTOR	14737 Thornton Mill Rd. Sparks BALTIMORE									MORE			
sades	DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR							ION					10d. INSIDE CITY LIMITS?
nit. P		MD		BALTIMO	RE		SPA	RKS						1 YES 2X NO
t perr	FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNT									WHAT COUNTRY?			
transi	INE	14701 Thornton Mill Rd. 21152 USA 11. MARRITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISDANIC ORIGINAL (SPECIAL VICE OF No.). 14. BACE												
affending physician. ise as the burial-transit permit. Pages 1,	BY	1 Never Married 2 Me 3 X Widowed 4 Divorce	rried	FORCES? 1	YES	2 100	- 1	f yes, spe	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- yea, specify Cuban, Mexican, Puerto Rican, etc.) YES 2 X NO Specify:					CE — American Indian, ck, White, etc. CHV: VHITE
use as	ETED	15. DECED (Specify only hi	ENT'S EDUCA	TION ompleted)		16a. DECEDENT	work done	CCUPATIO	ON at of working	a	16b. KIND	OF BUSINESS/	INOUSTRY	
	١٣	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT	ise retired.)							
detached for once.	COMPLE	17. FATHER'S NAME (First, Midd	in Leat)			HC	usew	ite	40. 140711			Homema		
क दिल	EC	William Led		Ensor					18. MOTH		rtha E		,	
	0	19a. INFORMANT'S NAME (Type				19b. MAILIN	G ADDRESS	(Street a	nd Number		ute Number, City			
2 0 2	임	Mrs. Ellen	Н. На	11							Rd.,			21152
ctor, pa		20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 4 Donation 5 Other (Sc	3 G Remov	al from State	20b. ceme BC	PLACE AND DATE Blery Crematory or OSLEY UT	OF DISPOS	ITION (Ne.	me of		DATE 2	OC. LOCATION	— City or T	own, Stata
eath. Fage funeral direction f. examiner n	ŀ	21. SIGNATURE OF FUNERAL S								S OF FACIL				
9 7 0				Lawson				Lem	mon-N	litch	ell-Wi	edefe1	d, In	ic.
pietely filled in termation, or re-		23. PART I. Enter the dise shock, or hear iMMEDIATE CAUSE (Finel disease or condition resulting in death)	t failure. Lis	GA 57	MO 1	the seath. Do ch line.	e h			ng, such a	na cardisc 6r	respiretory	errest,	Approximets interval Between Onset and Death
or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST												
by the and Me	SICIAN: MEDICAL (PART II. Other significent	re Cox	contributing to use the bulk	her	+ PAC	Luc	derlylng	ceuse gi	iven in Pa	P	AS AN AUTOPS ERFORMED? YES 2 HAD	Y 24	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
State D	Š	25. WAS CASE REFERRED TO N EXAMINER?	1	HOSPITAL:			OTHER		ACE OF DE	ATH (Check	only one)			
certificate the State	PHYS	1 YES 2 HO	1	Inpatient 2		tient 3 DOA	4 🗆 Nun				Other (Special		001.77	
this with		1 Natural 5 Per		(Month, D	the Mear)	/ / in	JURY	WOI	RK?		8d. DEŞCRIBE	HOW INJURY O	CCURED	
	TED BY	3 Suicide 6 Con	etigation aid not be ermined	28s. PLACE O building,		he for J	street, fect			-	of, LOCATION (City or Town,	Street and Numb State)	Der or Rural	Route Number,
322	COMPLETED			N: To the best of On the basis of e										a) and menner as stated.
Por THE	TO BE	295 BIGNATURE AND TITLE OF	Atr	wy					29c. LICE!	SE NUMBE	128	29d. O	S/6	(Month, Day, Year)
2)		Dr. Richard	Gross					ite	101,	Cock	eysvi1	le, MD	210	30
Vi	2	AUG 1 0 193	13 4	wie derid										

	-	2.3		
1	4	or Page		
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit produced in the strength of the str	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

		REGISTRAR		CERTIF	ICATE O	F DEATH	REC	i. NO.			
	1	1. DECEDENT'S NAME (First, Middle, Last)	MARSARET DUSHAN	VE HOF	FMASTER OFF M	aster	2. DATE OF DE	ON 9	year 3. TIME OF DEATH		
		4. SOCIAL SECURITY HUMBER 212-74-1317	5. SEX 6. AGE (In yrs. 1 \(\text{ M 2 \(\text{ SF} \) } \) F 93	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIR (Month, Day,) 0 4 / 25 /	bar)	BIRTHPLACE (State or Foreign Country) Maryland		
900		9a. FACILITY NAME (# not institution, give street and number) Pickersgill Retirement Comm. 9b. CTY, TOWN OR LOCATION OF DEATH TOWSON, Md. 9c. COUNTY OF DEATH Baltimore									
DIRECTOR		10e. STATE 10b. COUNTY	timore		Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 Y NO		
FLINERAL		100. STREET AND NUMBER 615 Chestnut	Avenue, Tows	on, N		21204		10g. CITIZE	EN OF WHAT COUNTRY?		
COMPLETED BY FUN		11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NIC ORIGIN? (Specin, Puerto Rican, e y:	Ify Yea or No— 1 tc.)	4. RACE — American Indian, Black, White, etc. Specify: White					
		15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 1.2	College (1-4 or 5+)	DECEDENT'S (Give kind of ville. Do NOT us House		TION most of working	16b. KIND (OF BUSINESS/INDU			
		17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, A	Own Ho	me		
8 8		William Dushan 19a. INFORMANT'S NAME (Type/Print)	/	19h MAII ING	ADDRESS /Street		nie Log	jan			
1		Patricia Bendle	r/Records)	Picke	ersgil	1, 615 0	Chestnu	t Ave.	Towson		
		20a. METHOD OF DISPOSITION 1XI Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Mt./Olivet Cemetery 8/11/03 Balto. Md.									
2		21. SIGNATURE OF FUNERAL SERVICE LICE	ehald Sh.		Ruck	Towson Fu	1050	York Rd			
	H	23. PART I. Enter the diseeses, or co	omplications that caused the classifications are cause on each ife	deeth. Do r	ot enter the r	node of dying, suc	h es cerdiec or	respiratory erres	Approximate Intervel Between		
		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	APIRATIO						Onset and Death		
		treating in addition	DUE TO (OR AS A CONS		う :						
Z		Sequentially list conditions,	MULTIPLE DUE TO (OR AS A CONS			BULL	ACCIO	25-12	TERRS		
CAT		ceuse. Enter UNDERLYING									
CERTIFICATION		that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE OF	ገ ፡						
		PART II ON THE WAY									
MEDICAL		PART ii. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
Ž									1 - YES 2 NO		
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. QTHER:	PLACE OF DEATH (Ch	eck only one)				
Z S		1 U YES 2 NO	1 Inpatient 2 ER/Outpatient	-	4 Nursing H	me 5 Rasidence					
ВУ РЕ	- 100	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY 1	NJURY AT YORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	RED		
		3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At I building, atc. (Specify)	home, farm, s	treet, factory, of	lica	26t. LOCATION (City or Town,		Rural Route Number,		
COMPLETED			CIAN: To the best of my knowledge, it: On the basis of axamination and/o								
TO BE		29b. SIGNATURE (NO TITLE OF CENTIFICAL				29c. LICENSE NUM		29d. DATE 5	SIGNED (Month, Day, Year)		
15		30. MAME AND AGORESS OF PERSON WHO						0			
	- 10	FOLLOND P	. KOTA M.O.	671	DI N.	SIMMITTED ?	77.	SAUT. M	10		
1	1	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNATURE								

See James and James Valley

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DLAME HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at	be filed withlin 72 hours after death with the State Dept. of Health and Ment	IMPORTANT: If item 28 is marked, or item 23 shows any injury	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

REGISTRAR		UL	RTIFICAT			REG. N			
1. DECEDENT'S NAME (First, Middle, Last DORO THY)		HAN	IDV		2. DATE OF DEATH	38-1	JEAR Z	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-60-8104	5. SEX 6.	AGE (In yrs. lest	t birthday) IF UND WONTHI		MIN.	7. DATE OF BIRTH (Month Day, Year)		6. BIRTH	PLACE (State or Foreign
98. FACILITY NAME (If not institution, give JOSEPH RICHE!				ALTIMOR			9c. COL	INTY OF D	
MARYLAND 106. COUN	TY		BALTI				7-0		10d. INSIDE CITY V LIMITS? 1 YES 2 NO
8 N. PULASKI S				212			UN I		STATES
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, OIVE WAR	YES 2/ N	MED 1:	3. WAS DECENDENT If yes, specify Cut 1 YES 2 NO	OF HISPAN pan, Mexica Specify	NIC ORIGIN? (Specify 1 in, Puerto Rican, etc.) y:	fee or No	Black	E — American Indian, k, White, atc.
15, DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)		(G)	CEDENT'S USUAL ive kind of work don Do NOT use retired	e during most of worl	king	16b. KIND OF B	USINESS/IN	DUSTRY	10
17. FATHER'S NAME (First, Middle, Last) CHARLES I. HA	NDY					ME (First, Middle, Meidle) HENSON	en Sumame)		
196. INFORMANT'S NAME (Type/Print) SHARRON BELL		196				Route Number, City or T			D 21223
20a. METHOD OF DISPOSITION	movel from State		AND DATE OF DISPO	CEMETER	٧	The second second	OCATION -	City or To	
1 Donation 5 Other (Specify)		IRALI	IMUKE	CEMELEK		10-14 D	ALIII		• 110
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

A SOCIAL SECURITY NAMES (IT ALL CONTINUES AND CONTINUES AN		1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.	_		
THE PROPERTY NAME (From terminon, generated number) Anne Arrundel Medical Center Annapolis Secontry of Deals Anne Arrundel Medical Center Annapolis Secontry of Deals Anne Arrundel Medical Center Annapolis Secontry of Deals Anne Arrundel Medical Center Annapolis Secontry of Deals Anne Arrundel Medical Center Annapolis Secontry of Deals Se		Ruth E. Hoff							2. DATE OF DEATH MONTH 08-05-93			3. TIME OF DEATH
THE PROJECT ANALY (or instruction, per street and number) Anne Arundel Medical Center Annapolis Annapolis Anna Arundel Medical Center Annapolis Anna Arundel Annapolis The Project Center Annapolis Annapolis Annapolis The Project Center Annapolis Annapolis Annapolis Annapolis The STREET AND NUMBER BY BY BY BY BY BY BY BY BY BY BY BY BY		219 16 1623	1 🗆 M 2 🖽 F			MONTHS DAYS	HOURS MIN.	03-2	lay, Year)		Countr	IPLACE (State or Foreign y) apolis, MD
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29. CERTIFUE 1 CERTIFUINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated. 29. CERTIFUE 1 CERTIFUINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated. 29. LICENSE NUMBER 29. LICENSE	EDE				_			1	YES 2	-NO		COMPLETION OF CAUSE OF DEATH?
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3 Suclede 4 Homicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 28s. LICENSE NUMBER 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 28s. LICENSE NUMBER 29s. CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (More and Address of Person who complete Cause of Death (Tem 27) (Type, Print) 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (More and Address of Person who complete Cause of Death (Tem 27) (Type, Print) 29c. LICENSE NUMBER 29c. L		1 Natural 5 Pending	INJI	M 1 Y	28d. DEŞCRI	28d. DEŞCRIBE HOW INJURY OCCUREO						
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THE THE STANDARD CO. L. P. L. C. C. C. C. C. C. C. C. C. C. C. C. C.	5	31. DATE FILED (Month) Day, Year)	32. REGISTRAR'S	S SIGNATURE			V	1				2140

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

WANTED THE STATE OF THE STATE O

3. TIME OF DEATH

10:40

Approximate interval Betw **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign Country)

MARYLAND

9c. COUNTY OF DEATH

A M

1. DECEDENT'S NAME (First, Middle, Last)

216-20-2387

HELEN TRENE HOGUE

4. SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 M 2 X F

6. AGE (In yrs. last birthday)

68

IF UNDER 1 YEAR

DAYS

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

02 14

08

08

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

		8
BALTIMORE, MARYLAND 21215-0020	is that the death certificate be executed within announs after death. Page 6 may be retained by the hospital or attending physician.	ined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per bits and Manal Hariston Arior to burial commission. As commend
CORDS, P.O. BOX 68760.	is that the death certificate be executed within a hours at	and by the attending physician and completely filled in by the

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DIRECTOR	MD	HOW	NARD		EL	KRIDGE						MITS?
AL	10e. STREET AND NUMBER						f. ZIP CODE			10g. CITIZEI	N OF WHAT CO	UNTRY?
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32. RECISTRAR'S SIGNATURE



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		1 OFCSDENT'S NAME (Fort Middle Lost)).	2 THAT OF BUILTIN			
		1. DECEDENT'S NAME (First, Middle, Lest) SECULATION				HEMLING					AUGUST 7, 1993			3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER					et tempe		_	, 19				
		041-03-035	5. SEX		s. last birthday) YRS,		DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Coun	"	
		9a. FACILITY NAME (If not if		Λ	84	ing.	9b. CITY, 1	TOWARD C	B 1 001	ON OF ST	Nov 4, 19			aryland
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OHER	COMPLET	17. FATHER'S NAME (First, M							16. MOT	HER'S NAI	ME (First, Middle, Maide	Sumame)		
d at	BE (William Fi		Σ					Mar	gare	t Hartman			
notified	10	19a. INFORMANT'S NAME (Noute Number, City or To			
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must t		20s. METHOD OF DISPOSIT t∆ Burlal 2 ☐ Crematic	on 3 🗌 Rem	oval from State	20b. PLA	CE AND DATE	OF OISPOSIT	ION/Na	me of		1	OCATION -	- City or To	own, Siste
E		4 Donation 8 Other			_ Şać	red He					ig 10 1 993	Ba		ore, MD
i. examiner		2 SIGNATURE OF FUNERA	SERVICE LA	JENSEE	1/1									300 Mace Ave
rexa!	33	Connel	lyto	inital	Ho	me					al Home o		1	Balto MD 2122
Health and Mental Hygiene prior to burial, cremation, or removal. ws any Injury, or other traumatic event, the medical e		23. PART I. Enter the d	iseases, or	complications the	t caused the	deeth. Do	not enter ti	ne mo	de of dy	ing, such	as cardisc or reap	iratory s	rrest,	Approximate
in, or		IMMEDIATE CAUSE (Fir		1/	/	/	0	,	A A					Interval Between Onset and Death
matto		disesse or condition resulting in death)	→	· Ve	ntricu	la -	Septa	1 1	lete	ct				16-20 hours
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bung	8	Sequentially list condit	ions,	b. Ar	OR AS A CON	rteno	n	100	and	lia/	intan	+102		21- JONONE
raum	CATION	if any, leading to imme- cause. Enter UNDERLY		0		_	J. (ise					Va.
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State Dept. of item 23 sho	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSFITAL:	P. 19 v 11 t		OTHER:	26. PL	ACE OF D	EATH (Che	ick only one)			
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after 28 is	8		Could not be determined	building,	etc. (Specify)		, , , , , , , , , , , , , , , , , , , ,				City or Town, State)	x or riorar	node Namos,
hours after death with the Item 28 is marked, or	Ш	29a. CERTIFIER	TIEVING DUVE	CIAN: To the heat of						1000				
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oe filed within	8	29b. SIGNATURE AND TITLE			113		4							
POR F	BE	man b	OF CERTIFIE	Vine	1.40	Medica	al Resi	h.H	29c. LICI	ENSE NUM	IBER - I C -	29d. DA	TE SIGNED	(Month, Day, Year)
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	6	AUG 1 n	1993	Frelie De	ida- 10	Anna Ronda Ma								
L	100	- 0		4										

BALTIMORE, MARYLAND 21215-003 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the incapital or attending physician and completely filled in by the funeral director, page 5 should be defauched for use as the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DHMH-18 Rev 1/89

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BALTIMORE, MARYLAND 21215-002

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HAFF 1540 P. 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 128-01-9192 1 M 2 | F 75 NEW YORK 9a. FACILITY NAME (If not institution, give street and it 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOWAKD RESIDENCE OF GENERAL HOSP JOWARD FUNERAL DIRECTOR COLUMBIA 10c, CITY, TOWN OR LOCATION INSIDE CITY HOWARD MD ELLICOTT CITY 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? BRIGHT FIELD 21043 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 N YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 M IF YES, GIVE WAR OR DATES I 1 TES 25 NO Specify: BY Spec#WHITE 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest ary (0-12) College (1-4 or 5+) 12 FOREMAN N.Y. TELEPHONE COMPANY LINE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNE COUGHLIN **JOHN** HAFF BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 FLORENCE HAFF 8002 BRIGHTFIELD RD. ELLICOTT CITY, MD. 21043 26/ METHOD OF DISPOSITION
1 METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE JOHN'S CEMETERY 8/7/93 ELLICOTT CITY, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES prosectet 1630 EDMONDSON AVE. CATONSVILLE, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition ARDIO PUCMARAM resulting in death) John of realth and Mental Hygene prior to bunal, cremits a shows ony Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TYES 2 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERS Item 2 28. PLACE OF DEATH (Check only one) OTHER: 1 YES ER/Outsietlent 3 | DOA 5 - Residence 8 - Other (Specify) 1 Inpatient 4 - Nursir 0 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is merked, Separtural M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide Hem 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de GNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 30117 2 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 3460 ELLICOT GOLFER 32. REGISTRAR'S SIGNATURE

The state of the s

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) ALICE JAC	CKSON			2. DATE OF DEATH MONTH D.		YEAR 915 A			
	4. SOCIAL SECURITY NUMBER 2/6/12/067/ 9a. FACILITY NAME (If not institution, give st	S. SEX 1 M 2 F 7	YRS. MONTHS DAY	78 HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year),	2/	BIRTHPLACE (State or Foreign Country)			
DIRECTOR	RON SECOLUS H	OSPITAT	BALT	TMOLS	EATH /	9c. COUNT	Y OF DEATH			
	10a. STATE 10b. COUNTY		BALTI		174	<i>(*</i>	10d. INSIDE CITY LIMITS? 1 TES 2 NO			
FUNERAL	1/32 N. FUL 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.		2/2/7 DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		N OF WHAT COUNTRY?			
ED BY F	1 Never Married 2 Married 3 Widowed 4 Divorced 1S. DECEDENT'S EDUC	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		, specify Cubert, Maxic: YES 2 1 NO Specif	ty:		Specify: BLACK			
COMPLETE	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of work done during life. Do NOT use retired.)	most of working	Socia,	1	1			
BE CO	Joseph Thomas	Sackson		Fann	AME (First, Middle, Melden					
5	Mr. Stephen Cor	Fey	196. MAILING ADDRESS (Stre		Route Number, City or Tow. t. Baltay }	n, State, Zip Co	1216			
	20a. MPTHOD OF DISPOSITION 1 Burist 2 Cremation 3 Remo 4 Donation S Other (Specify)	val from State cemelery,		k ·		CATION — City	y or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY LOVICE F. H. 4611 Park Heights Are Fully, MI. 21215									
	23. PART I. Enter the diseasea, or contained the second sec	ist only one cause on each if	na.				Interval Between			
RTIFICATION	disease or condition resulting in death) a. MYO (MACL infartion Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events oue to (or as a consequence of): oue to (or as a consequence of):									
빙	resulting in death) LAST									
MEDICAL	Endstage Kidney clisease									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	PLACE OF OEATH (Ch						
PHY	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Dey, Year)	T = Motoring /	INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUR	ED			
P	1 Natural S Pending 2 Accident Investigation 3 Suicida	M 1 YES 2 NO								
ETED	4 Homicide determined City or Town, State)									
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, On the beals of examination and/o	death occurred at the time, d or investigation, in my opinion	ata and placa, and dua	to the cause(s) and man- time, data and place, and	ner as atated. I due to the co	suse(s) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER YOU THE STATE OF CERTIFIER THE STATE	wif M.D		D32/E	MBER	29d. OATE SI	GNEO (Month, Day, Year)			
	BEDRI YOUS IF	4660 WIKEN		ie 203	Balleni	ore 1	4D 21229			
5	3'AUG 1 0 1993	32 DEGISTRAR'S SIGNATURE								



BALTIMORE, MARYLAND 21203-3146

Pag	0	9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the course after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di	be filed within r.z. hours aret death with the State Debt, or health and wentan hypother prior to burial, conneces, or conneces, and expendition important: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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with	mplet	be filed within r.z. hours aret death with the state bebt, or health and wentar hygonic prior to burial, connecting the medical exist. If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical ex
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Leet)	1. Johns	son			2. DATE OF DEATH DAY	93	3. TIME OF DEATH 4-30 A
	4. SOCIAL SECURITY NUMBER 218-05-1779	5. SEX 6. AGE (III		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign ry)
N.	90. FACILITY NAME (If not institution, gives	etreet and number)	rty C.C.	o. CITY, TOWN O	R LOCATION OF DE	Ilem L MA	COUNTY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCAT	ION	of contract the same		10d. INSIDE CITY LIMITS?
		TIMORE		TIMORE	ZIP CODE	Las	- CITITEN OF 1	1 VES 2 NO
FUNERAL		ane, Cator			210	128	U	·S·A
₽	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		IIC ORIGIN? (Specify Yee or P n, Puarto Ricen, atc.)	No — 14. RACI Bleck Spec	E — American Indien, k, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementery/Secondery (0-12) 8 t h	JCATION e completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo.	IN st of working	18b. KIND OF BUSINE	SS/INDUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden Sum LA REYNOLD		
BE	EARNEST SESSO 190. INFORMANT'S NAME (Type/Print)	MS			nd Number or Rural I	Route Number, City or Town, St	tate, Zip Code)	1.00
5	GARLAND SESSOM				RNE ROA			1229
	20e. METHOD OF DISPOSITION Solution 2 Cremation 3 Ren 4 Donetton 5 Other (Specify)	noval from State MD	other place) NATIONAL N	MEMORIAL	PARK 8–1:	1–93 LAUR	EL, M	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE O O O	(بو	22. NAME AN MARCH 4300	H FUNER WABASH	ALT-HOME - WE AVE. BAL	ST TO., 1	MD 21215
Ü	23. PART I. Enter the diseases, or shock, or heart fellure.	complicatione thet causad List only ona ceuea on ea		enter the mo	de of dying, suc	h as cerdiac or respirato	ry erreet,	Approximate Intervel Batwaan Onset end Death
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. C.V	A 1	my IF	iple:	E Com	9	2 month
z		DUE TO (OR AS A	IUTOV	ten	Sic	Ph.	,	ur
ATIO	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AL	CONSTRUMENCE OF):	CCU	0	,		
CERTIFICATION	CAUSE (Disease or injury that initieted events	c. DUE TO (OR AS A	CONSEQUENCE OF):	2 F A	V			1915
CER	resulting in death) LAST	d						
	PART ii. Other significant condition	Diabet	30 1		g course given in	PERFORME	0?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL		DIGIE			1 545	1 🗆 YES 2 🔀	NO	1 YES 2 7
AN:	25, WAS CASE REFERRED TO MEDICAL	T		28. P	ACE OF DEATH (Ch	neck only one)		
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:		8 Other (Specify)		
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF tNJURY (Month, Day, Year)	28b. TIME (SA MC	DRK? YES 2 NO	28d. DEŞCRIBE HOW INJU	RY OCCURED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY				28t. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,
COMPLETED	CONSON ONLY	StCIAN: To the beat of my know						(e) and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFI			1 -	29c. LICENSE NU		ed. DATE SIGNE	
TO BE	Angtun A	1. Macelli	Z N	I.D	D15	503	<u>8</u>	11/93
	AMOTUH 1	32, REGISTRAR'S SIGN	ATH (ITEM 27) (Type, PI	SID	0 LPHIA	ST. BI	7LT0	NIV 21217
Z	AUG 1 0 1003	J. REGISTRAN'S SIGN	Randa B					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFI	TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
3		JACKSON		AUGUST- 8TY-1	993 7015 PM
9	177 77 0017	SEX 6. AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	Se. FACILITY NAME (If not institution, give street		9b. CITY, TOWN OR LOCATION OF D		FAIRFIELD SC
<u>ج</u>	GOOD CAMARITAN	Y HOSPITAL	BALTIMORF	MD.	IT OF DEATH
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		- 3-	11119	
DIRECTOR	MARYLAND		TIMORE		10d. INSIDE CITY Y YLIMITS?
	10e. STREET AND NUMBER		101. ZIP CODE	10c CITIZ	YES 2 NO
ER/	5319 LOCH RAVEN	BLVD.	21239		ED STATES
FUNERAL		. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/ NO	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Maxico 1 YES 2 NO Specif	ly:	Black, White, etc. Specify:
	15. DECEDENT'S EDUCATION		JSUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	BLACK
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12)	ollege (1-4 or 5 +) (Give kind of we life. Do NOT use	ork done during most of working retired.)	TOOL KIND OF BOOMESS/HDG	is the
MP.	11 TH	SELF_E	MPLOYED		
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA IRA L	AME (First, Middle, Maiden Surname)	
88	19a. INFORMANT'S NAME (Type/Print)	100 MAILING		Route Number, City or Town, State, Zip (
5	BOBBY JACKSON	5319	LOCH RAVEN BI	VD. BALTIMOR	E, MD 21239
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal	20b. PLACE AND DATE OF		DATE 20c. LOCATION - C	
	4 Donation 5 Other (Specify)	KING MEM			LSTOWN, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /	WM. C. MAR	CH FH. 1101 E	. NORTH AVEL
Щ	Kimeta	e K. Jones			
	23 PART I. Enter tim diseases, or com shock or heart failure. List	pilications that cought the death. Do no only one cause on each line.	ot enter the mode of dying, suc	h as cardiec or reepiratory erre	st, Approximate Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition	"ALDING	10-1 1-005-	6	Onset and Death
1 1	i	DUE TO (OR AS A CONSEQUENCE OF)•		3 MINS
z	waste on the	METASTATIC	PANCREATIO	CARCINOM	A !
일	if sny, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF)):		
음	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSEQUENCE OF))*		
CERTIFICATION	resulting in death) LAST	, , , , , , , , , , , , , , , , , , ,	•		İ
C	PART II. Other significent conditions co	ontributing to death but not requiring is	the underlying seven streets	Part I. 24s. WAS AN AUTOPSY	
8	Salar Salar	microduling to deed! but not reediting in	i the underlying cease given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC				1 Nes 2 □ No	OF DEATH?
ž				_	1 1 1ES 2 IL MO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	28. PLACE OF DEATH (Ch	eck only one)	
IXSI	1 TES 2 NO 1	Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence		
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	RY WORK?	28d. DEŞCRIBE HOW INJURY OCCL	JAED
ВУ	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF INJURY — At home, lerm, str	M 1 YES 2 NO	28I. LOCATION (Street and Number of	r Rural Bouta Number
TED	4 Homicide 8 Could not be	building, etc. (Specify)		City or Town, State)	Tidia roda ramos,
COMPLE	29a. CERTIFIER CERTIFYING PHYSICIAN	: To the best of my knowledge, death occurred	f at the time, data and place, and due	to the ceuse(s) and menner as stated	1.
NO.		n the basis of examination and/or investigation			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER)	29c. LICENSE NUI	MBER 29d. DATE	SIGNED (Month, Day, Year)
TO B	Struptey-Vill	S	D44	+62 08	5-08-95
	30. NAME AND ADDRESS OF PERSON WHO CO			AN HOSPIT	A
	31. DATE FILEO (Month, Day Mar)	32: MEDISTRAN'S SIGNATURE	י אוווווווווווווווווווווווווווווווווווו	1114 1105111	/ \
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DIVISION OF VITAL RECORDS, P.O.

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STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	0	CEF	RTIFICAT	E OF DEATH	2. DATE	REG. NO.	/	3. TIME OF DEATH
Rufus	JOHNSO	N			мом	5 6	9	3 5:15
74.1 (163)	5. SEX 6. AC	GE (In yrs. last b	VRS. MONTHS	DAYS HOURS MIN	7. DATE	OF BIRTH	- /	BIRTHPLACE (State or Foreign
9a. FACILITY NAME (If not institution, giv	street and number)	91		Y, TOWN OR LOCATION OF	DEATH	250		Y OF DEATH
1/1/10	StMICI	hael	5 /2	Balto			1	N/A
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	ITY		10c. CITY, TOWN	OR LOGATION				10d. INSIDE CITY
MD			12	w/timor	10			LIMITS?
10e. STREET AND NUMBER	/			101. ZIP CODE	701		10g. CITIZE	EN OF WHAT COUNTRY?
11. MARITAL STATUS	//			dia	201			USA
1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	13.	I WAS DECENDENT OF HIS If yee, specify Cuben, Mer 1 YES 2 NO Sp			or No—	4. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	16a. DECE	EDENT'S USUAL (OCCUPATION a during most of working	16	b. KIND OF BUS	SINESS/INDU	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Di	NOT use retired.,)				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First.	Middle, Maiden	Sumame)	
Julius Joh	nson			Mar		OMDSO		
19s. INFORMANT'S NAME (Type/Print)		196. [MAILINO ADDRES	SS (Street and Number or Ru				21201
Mariah Johns	on	1	100 Pe	ennsylvani	a Av	e. Ap	t. 20	04 Balto. M
20a. METHOD OF DISPOSITION Surial 2 Cremation 3 R	emoval from State		DDATE OF DISPO		OA.	TE 20c. LO	CATION — CH	ty or Town, Stata
Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	emoval from State	cemetery, crema	us Cen	netery 8/9	/93	1 1		ty or Town, State
Buriel 2 Cremetion 3 R	emoval from State	cemetery, crema	us Cen	netery 8/9	/93	Ar	butus	Md.
Surial 2 Cremation 3 R. 4 Donation 5 Other (Specify)	COMPLETED TO COMPLETE OF COMPLICATION OF THE COMPLETED OF COMPLICATION OF THE COMPLETED OF	Arbut	atory or other place us Cem 222 I	netery 8/9 hame and address of Leroy 0. I 500 Libert	/93 FACILITY Dyett y Hg	& Sor	butus n Fur ve. H	neral Home, Balto. Md 2
Suriel 2 Cremation 3 R. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BETWICE 22. PART 1. Enter the disjesses, of	or complications that cause. List only one cause of	Arbut Arbut Med the deat n each line.	th. Do not ente	netery 8/9 NAME AND ADDRESS OF LETOY 0. If 500 Libert or the mode of dying, s	/93 FACILITY Dyett y Hg	& Sor	butus n Fur ve. H	neral Home,
23. PART I. Enter the discesse, canonical in the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	emovel from State or complications that cau a. List only one ceuse of BUE TO (OR A	Arbut Arbut Med the deat n each line.	itory or other place US Cen 22 I 46 th. Do not ente	netery 8/9 NAME AND ADDRESS OF LETOY 0. If 500 Libert or the mode of dying, s	/93 FACILITY Dyett y Hg	& Sor	butus n Fur ve. H	neral Home, Balto. Md 2 Approximate interval Battwe
Buriel 2 Cremation 3 R. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BETWICE 22-PART I. Enter the discess, concern the shock, or heart failure immediate are condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. METAST DUE TO (OR A	Arbut Arbut Med the dest n each line. Arconseou	th. Do not ente	netery 8/9 NAME AND ADDRESS OF LETOY 0. If 500 Libert or the mode of dying, s	/93 FACILITY Dyett y Hg	& Sor	butus n Fur ve. H	neral Home, Balto. Md 2 Approximate interval Battwe
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Buriel 2 Cremetton 3 R. 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERNICE 23. PART I. Enter the dispesse, cahook, or heart failured in the season of the sea	DUE TO (OR A DU	Arbut Arbut Med the dest n each line. Arconseou As a conseou As a c	in. Do not enter in. Do not e	etery 8/9 netery 8/9 name and address of the control of the cont	FACILITY PYETE LY HO HUCH as call In Part 1. (Check only of the Control of the Control of the Control of the Control of the time, dark the time, dark the time, dark the control of the c	Arion (Street a yor Town, State)	AUTOPSY IMED? NO NUMBER OF THE STATE OF THE	PRED Approximate Interval Batwe Onset and Da 24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
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_	REGIOTIAN		<u> </u>	-11111	IOAIL	OI	DEATH	REG. NC	· .	
- 4	1. DECEDENT'S NAME (First, Middle, Last)						45517	2. DATE OF DEATH MONTH	MY	YEAR 3. TIME OF DEATH
		et Kather			100			8		93 103° P M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	-	8. BIRTNPLACE (State or Foreign Country)
- 1	215 → 03 → 4232	1 🗆 M 2 💢 F	87	YRS.	MONTHS	DAYS	HOURS MIN.		905	Maruland
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY,	TOWN C	OR LOCATION OF D			NTY OF DEATH
R	Francis Scott Key	Medical (Conton		Balt	ima	re City			
5	RESIDENCE OF DECEDENT	1.6076600			Doct	20110	ree cody			
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION			10d. INSIDE CITY LIMITS?
<u>=</u>	Maryland Balti	imore		114			Dundo	lk		1 YES 2 XNO
A.	100. STREET AND NUMBER					101	. ZIP CODE		10g. CITI	IZEN OF WHAT COUNTRY?
EB	6820 Roberts Avenu	10				2	1222		Un.	ited States
FUNERAL	11. MARITAL STATUS	12 WAS DECEDENT	EVER IN U.S, AR	MED	13. W			NIC ORIGIN? (Specify Ye		14. RACE — American Indian
	1 Never Married 2 Married	FORCES? 1 [YES 2	10	lf 1	yes, sp	ecity Cuben, Mexico	en, Puerto Ricen, etc.) fy:		Black, White, etc.
B⊀	3 XXVidowed 4 Divorced	11 120, 0112 1011	ON DAILS			163	2/C/(to specific	y.		Spochy: White
COMPLETED	15. DECEDENT'S EDUC	ATION	18e. DE	CEDENT'S	USUAL OC	CUPATIO	ON	16b. KIND OF BU	SINESS/IND	DUSTRY
E	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life.	ive kind of Do NOT u	work done di se retired.)	uring mo	st of working			
4	6 years		Se	lh=0	mploy	ed		Groceri	Stol	40
0	17. FATHER'S NAME (First, Middle, Last)			- 0	1 5		18. MOTHER'S NA	AME (First, Middle, Maider		
	John J. Janssen						Anna			unknown)
BE	19a, INFORMANT'S NAME (Type/Print)		19/	h MAII INC	Anneres	(Street o		Route Number, City or Tox		
임	Mrs. Virginia R. K	hanta						Balto., MI		222
							me of			City or Town, State
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	rval from Stata	gernetery ocre	matory of	other place	ON C	ces 610	7/1993 Tou	ACAHON -	Make of and
	4 Donation 5 Other (Specify)	EMEED (Timut	.0p 3	ellile	ec	0/4	71993 100	us ore,	Marycana
	. //	- I	01)		120	uda	-Ruck Fu	ineral Home	2 06 1	Dundalk, Inc.
	Brian T. Chisholm	THA	11		7	922	Wise Au	enue, Bali	timore	e. MD 21222
CERTIFICATION	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A Spiration Dneumonia OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):							2 days		
뜅										
PHYSICIAN: MEDICAL	Hyperten Atrial At	the .		reeuiting	in the und	deriyin	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF DEATH (C)	heck only one)		
20	EXAMINER?	HOSPITAL:	EB/Outpetlest 2	[] 004	OTHER	1:				
۲	27. MANNER OF DEATN	28e. DATE OF IN		28b. TIN		28c, INJ		8 Other (Specify) 28d. OESCRIBE NOW	IN ILIDY OC	CHIDED
	1 Netural 5 Pending	(Month, Day,			JURY	WC	YES 2 NO	Zed. OESCHIDE NOW	MOONT OC	DUNEU
B	2 Accident Investigation	28e. PLACE OF	IN II IDV At he				Allert Land Co.			
밀	3 Suicide 6 Could not be 4 Homicide determined	building, et	ic. (Specify)	me, tarm,	atreet, mete	ну, отне	Det.	City or Town, State	and Number	r or Rural Route Number,
9	29e. CERTIFIER	NAM. To she had at a				20	SAL 425 A		100.00	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER									ted. ne cause(a) and manner as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NU			E SIGNED (Month, Day, Year)
BE	Onde Fil	x All mr					Gu	-	>	8//193
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISE	OF OEATN (ITE	M 27) /Tone	Print)	7	1700	7		01611
	Andrew F. Hal	11 Fran	cy Scot		, Mea	lien	ICTr. L	1940 East	cv. A	e, Balt 21224
4	AUG 1 0 1993	37 REGISTRAR	S SIGNATURE	dell-			City 1			

d within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	i, cremation, or removal. event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely it	be ned within 72 hours after death with the State Dept. of reath and Merital Hygiene prior to bundal, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE P	TO THE F	IMPORT

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIENE REG. NO.		
		KAISI				2. DATE OF DEATH DAY	7 93	3. TIME DE DEATH
	219-32-2876	□ M 2XXF 80	yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 29-19	Cou	orthplace (State or Foreign intry) aryland
DIRECTOR	9a. FACILITY NAME (If not Institution, give street and number) Seswick Home 9b. CITY, TOWN OR LOCATION OF DEATH Reswick Home Baltimore City							DEATH
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
H	Maryland			Bal	timore C	itv		LIMITS?
A	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?
FUNERAL	3623 Northway Drive				21234		USA	
5		WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian,
BY	1 Never Married 2 Married X Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TYE	NO Specif	n, Puerlo Rican, etc.) y:		ecify:
	15. DECEDENT'S EDUCATI	ON .	44- DEOCRETIO	1101111 0001101				White
COMPLETED	(Specify only highest grade com	pleted)	16a. DECEDENT'S (Give kind of a life. Do NOT us	vork done during m	ost of working	16b. KIND OF BUS	INESS/INDUSTRY	
김	Elementary/Secondary (0-12) c 12th grade	ollege (1-4 or 5+)	Secre	0.000		Bank &	Trust	Company
NO.	17. FATHER'S NAME (First, Middle, Last)		Secre	cal y	18 MOTHER'S NA	ME (First, Middle, Maiden S		Juliparry
	Frank T. Carr				Mary H		surriente)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Aoute Number, City or Town	State Zin Code)	
2	Marv Lou Schultz		1			Baltimore,	,	234
8	20s. METHOD OF DISPOSITION		PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. LOC	ATION — City or	Town, State
1 1		from State ceme	Lyary Co	em. & Ch	apel Mas	8-13-93	St. Pet	ersburg,FLA.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE C	21027 0	22. NAME A	ND ADDRESS OF FA	CILITY		32 3 5 3 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Lassahn Dien	was None	C			eral Home		
\Box	23. PART f. Enter the diseases, or com		the death. Do r	740	Relair	Rd. Baltim	ore, Ma	ryland 21236
	shock, or heart failure. List IMMEDIATE CAUSE (Final	Complete a DUE TO (OR AS A	ch line.					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A						
MEDICAL	PART II. Other algnificant conditions of	entributing to death bu	t not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN / PERFORI 1 YES 2	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 IN ND
Ĭ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Ch	eck only one)		
Sign	and the state of t	OSPITAL: Inpetient 2 ER/Outpe	tient 3 🗆 DOA	QTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATH 1 Neturat 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY W	IURY AT DRK? YES 2 ND	28d. DESCRIBE HOW IN	JURY OCCURED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY - building, atc. (Specif	— At home, farm, s	street, factory, offi	es	261. LOCATION (Street si City or Town, State)	nd Number or Rura	il Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	i: To the bast of my knowle						e(s) and manner as stated.
TO BE (29b. SIGNATURE AND TITLE-OF CERTIFIER				29c. LICENSE NUI		29d. DATE SIGN	EQ (Month, Day, Year)
	David G. Rebeck	MPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	charles,	St. Malti	nove, Med	- 212	04
	AUG 1 0 1993 Julia	32. DEGISTRAR'S SIGNA						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

23060 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1 - STATE OF MARY	LAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	93 23060
1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	Katherine Mary Kenney			MONTH DAY 8-9-93	2:45 A.M.
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG		R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	214-01-3400 ¹□м²≅F	84 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 12-29-08	Baltimore, Md
	9a. FACILITY NAME (If not institution, give street and number)	9b. CI1	Y, TOWN OR LOCATION OF I	DEATH 9c	COUNTY OF DEATH
DIRECTOR	Good Samaritan Nursing Cen	ter	Baltimore		
당	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				
E	Md.	10c. CITY, TOWN		/	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Bali	imore		1 ∑XYES 2 □ NO
FUNERAL	A STATE OF THE PARTY OF THE PAR		10f. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?
N.	1601 E. Belvedere AVe		21239		U.S.A.
	1 Never Married 2 Married FORCES? 1 YE	S 2 NO	If yes, specify Cuben, Mexic		14. RACE — American Indian, Black, White, etc.
В	3 🔀 Widowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 TYES 2 NO Spec	ify:	Specify: White
Q	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSINE	
ETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done life. Do NOT use retired.	during most of working		33/11/33/11/
릴	8th Grade	Floor St	pervisor	Hill & I	Dale Shoes
COMPL	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Sum	
BE C	George Watkins		Ann		
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRES		Route Number, City or Town, Str.	
유	Kathryn L. Branch	1		ltimore,MD2	
	20a. METHOD OF DISPOSITION	0b. PLACE AND DATE OF DISPO			ON — City or Town, Stata
1 3	1 💢 Burial 2 🗌 Cremation 3 🗎 Ramoval from State 4 🗆 Donation 5 🗆 Other (Specify)	emetery, cremetory or other plece Parkwood Cen		1	DIESE CONTRACTOR
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		NAME AND ADDRESS OF F	ACILITY	imore,MD.
	* Kattle h h	1	-1 0 1111		15 BElair Road
	22 BADY / Education discussion of the Light	Ay.	onn C. Mille	er, inc. Bal	Ltimore, Md21206
	23. PARTA. Enter the diseases, or complications that sheck, or heart fallure. List only one cause on	end the death. Do not ente	r the mode of dying, su	ch aa cardiac or respirato	ry arreat, Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	, U ,	7		Onset and Death
	resulting in death) a.	A CONSEQUENCE OF:	eroh'c	Cardo 1	rusc.
_	DUE TO (ON AS	A CONSEQUENCE OF):		11	
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS	A CONSEQUENCE OF:		alip,	
¥	if any, leading to immediata cause. Enter UNDERLYING	+ 5606	. Ad	2 6-1.	
Ĕ	thet mittates events	A CONSEQUENCE OF):		cros,	
ᇤ	resulting in death) LAST	Len	inlesia	2	
	DART II Other similiant and like a seafful.				
AL	PART II. Other algnificant conditions contributing to death	but not resulting in the u	nderlying cause given in	Part I. 24s. WAS AN AUTO PERFORMED	? AVAILABLE PRIOR TO
ă				t _ YES 2 _ t	NO COMPLETION OF CAUSE OF DEATH?
×					t 🗌 YES 2 🗍 NO
ž l					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)	
YS	t YES 2 NO 1 Inpatient 2 ER/O	stpetient 3 DOA 4 Nu	rsing Home 5 - Residence	6 Other (Specify)	
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJUR	Y OCCURED
BY	2 Accident Investigation	М	1 YES 2 NO		
	3 Suicide 6 Could not be datarmined 28a. PLACE OF INJU building, etc. (S)	RY — At home, farm, street, fac pecify)	tory, office	28t. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,
E					
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known of the central control of the central				
S.	one) 2 MEDICAL EXAMINER: On the beals of examinat	ion and/or investigation, in my	opinion, death occured at the	time, data and place, and du	a to the cause(a) and manner as stated.
BE C	295. SIGNATURE AND TITLE OF CENTIFIER	_	29c. LICENSE NU	MBER 296	1. DATE SIGNED (Month, Day, Year)
	Staull, all		067	430	8/9/92
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Print)			7113
0	31. AUG 100 01993 Julie 1844 1844	ATHERE.			
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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physician.	ne attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pern Aental Hygiene prior to burial, cremation, or removal.
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e death certificate be executed within an nours after death. Page 6 may be retained by the hospital or attending physician.	detached for
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Page 6 n	al director,
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ifficate be	he attending physician and completely filled in by the fental Hygiene prior to burfal, cremation, or removal
death cen	ental Hygi
-	= 5

	Madeline	Vircinia	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Madeline Virginia Kirby								
		Kirby			,						
	4. SOCIAL SECURITY NUMBER 231-32-9828	5. SEX 8. AGE (In)	yrs. lest birthday) IF t	MOER t YEAR IF UNDER:	MIN. Man	onth, Day Year) 19	933	THPLACE (State or Fore			
~		CILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT									
DT.	Good Samaritan Hosp. Balto. City RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE	гү	10c. CITY, TO		10d. INSI Limi 1 (≱ YEs						
FUNERAL	2936 Greenmount	: Ave.		101. ZIP CODE 2121			10g. CITIZEN O	A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE		13. WAS DECENDENT OF			Bi	ACE — American Indian ack, White, atc.			
ETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION 1- le completed)	6a. DECEDENT'S USU (Give kind of work	done during most of working	,	18b. KIND OF BUSI	INESS/INOUSTRY				
PLE	Elementary/Secondary (0-12) 9 th	College (1-4 or 5+)	Homemal			Own Ho	ome				
144 116	17. FATHER'S NAME (First, Middle, Lest) Braxton Junior	Sumner	er's NAME (FI	ie Rij	Surname) pley						
TO B	19a. INFORMANT'S NAME (Type/Print) Kathy Scott			RESS (Street and Number							
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State										
	4 Donation 6 Other (Specify) Pioreland Mem. Pk. 8-12-93 Parkville MD.										
	22. NAME AND ADDRESS OF FACILITY Charlton F.H. 2007 Eastern Ave. 21231										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? A CO O Security Contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? A CO O O O O O O O O O O O O O O O O O O										
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL:	OT	26. PLACE OF DE	ATH (Check onl	y one)					
HYSI	1 YES 2 NO	1 Inpetient 2 ER/Outpeti		Nursing Home 5 Rec		ther (Specify) DESCRIBE HOW IN	LITIES OCCUPED				
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2	-	DEGOTABLE FLOW IN	WORT OCCURED				
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify,	At home, farm, street	, factory, office		OCATION (Street as City or Town, State)	nd Number or Run	el Route Number,			
COMPLET	one)	SICIAN: To the best of my knowled						e(a) and manner as sta			
TO BE C	296. SIGNATURE AND TITLE OF CENTURE	amic	ind as	D0	NSE NUMBER			ED (Month, Day, Year) 9/93			
	30. NAME AND ADDRESS OF PERSON W Gracito V. Patri			o Clinton St.	Balt	imore. N	Md. 21	224			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours after

2

SAM A. BUFFER

0 1993

31. DATE FILED (Month, Day, Year)

AUG

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 sh	be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It tiem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 23062 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 08/07/93 MONTH DATE 1993 Robert Peter Kutscha 3. TIME OF DEATH 8:55 P ER TSCHA 6. AGE (In yrs. last birthday) DATE OF BIRTH2/11
(Month, Day, Yea2/11 5. SE) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS MIN 31 MM 2 | F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Towson Baltimore RESIDENCE OF DE CEDEN 10h COHNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 3719 Beech Avenue 21211 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea anecify Cuben, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO 14. RACE — American Indian, Black, White, etc. 2 NO If yes, specify Cuben, Mexican, Puerto Ri 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 5+ Arch<u>itect</u> Architectural Design 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Dieter F.A. Kutscha Mary Louise Talmage BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 F.A. 218 Fairfield Avenue Elmhurst, IL 60126 Dieter Kutscha 20s. METHOD OF DISPOSITION
1 Duriet 2 Commation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Metro Crematory, 8/9 Baltimore, MD Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Rd. Balto., MD 21228 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Deeth diseese or condition resulting in death) ADULT DUE TO (OR AS A CONSEQUENCE OF): WEEK creatitis 3 WEEKS PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, PUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury 16425 that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPE 24b. WERE AUTOPSY FINDINGS PERFORMED AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSFITAL:
1'Unpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 4 🗆 Nu ng Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

37. PEDISTRANS a Davidson SAILT

SIGNATURE AUTOMOBILE

446

1993

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)
COLORADO

9c. COUNTY OF DEATH

4:00 A.M

1. DECEDENT'S NAME (First, Middle, Lest)

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

050-07-4255

WTILLTAMS 5. SEX

1 M 2 - F

VINCENT

6. AGE (in yrs. lest birthday)

IF UNDER I YEAR

9b. CITY, TOWN OR LOCATION OF DEATH

KING

2. DATE OF DEATH DAY 08/08/93

7. DATE OF BIRTH (Month, Day, Year) 05/10/06

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	ian.
020	physic
21215-0020	attending
	6
9	ospital

6,	5	BON SECOUR EXTEND	ED CARE FACI	LITY	ELLICOTT CI	TY	HO	VARD			
Pages 1,	DIRECTO	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY			
	E	MARYLAND	HOWARD		ELLICOTT CI	TY		1 TES 2 NO			
M M	1 A	100. STREET AND NUMBER BON S	ECOUR EXTEND	ED CARE	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
ansit .	FUNERAL	3000 NORTH RIDGE	ROAD		2104	3	I	J.S.A.			
020 physician. burlal-transit permit.	5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. VARMED	13. WAS DECENDENT OF HIS If yes, speeky Cuben, Mer	PANIC ORIGIN? (Specify Ve kican, Puarto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, atc.			
215-0020 attending physicse as the burial) BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		If yes, speelfy Cuban, Mer 1 TES 2 NO Spi	ecity:		Specify: WHITE			
F > 3	once. COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BU	SINESS/INDUS	TRY			
	1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)		CAL ENGINEER	ADCUT	יים כייינוס איי	L FIRM			
AND the hospit detached	OM	17. FATHER'S NAME (First, Middle, Lest)	Sumame)	L FIRM							
2 6 8	F III	WILLIAM KING			and the same of the	GIANNA POO	0				
MARY retained by 5 should b	2 0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Ru			de)			
5 5 0		GAIL K. PUZIO	(DAUGHTER)	5551 E	HELPS LUCK D	R. COLUMBIA	MD.	21045			
6 may	must be	20e. METHOD OF DISPOSITION 1	vel from State 20b	PLACE AND DATE OF D				or Town, State E, MARYLAND			
BALTIM after death. Page by the funeral direct		21. SIGNATURE OF FUNERAL SURVICE LICE	ENSEE C	,	22. NAME AND ADDRESS OF	FACILITY		FUNERAL HOMES			
ALTI Jeath. P	examiner	1 Kursell Re	Dette								
B after of the by the		23. PART I. Enter the disesses, or c	omnilestions that occupa	t the death Do not			_	LE, MD. 21228			
E E	medical	shock, or heart failure. L	ist only one cause on e	ach line.	enter the mode of dying, s	such as cardiac or resp	iratory arrest	Intarval Between			
42 In not	- E	IMMEDIATE CAUSE (Finel disease or condition	(5.2)		\	S	-	So mins			
ted within 24 completely fill al. cremation.	event,	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	rimonar	the	ec c	TO MIPS.			
27 con red	6		Se	niles	Demens	Fia		13 XV1			
OX 68 be executician and rior to bur	umatic	Sequentially list conditions, if any, laading to immediats DUE TO (OR AS A CONSEQUENCE OF):									
BOX ficate be	E S	CAUSE, Enter UNDERLYING CAUSE (Disease or injury That is (listed experts) DUE TO (OR AS A CONSEQUENCE OF):									
	ry, or other traumatic	that initiated eventa resulting in death) LAST	Recu	- 1	1177-			/			
S, P.O e death certi he attending Mental Hygle	CER										
	eng.	PART II. Other significant conditions	contributing to death b	ut not reaulting in t	ha underlying cause given	In Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
CORE signed by Health and			1. 1.576			1 [] YES :		COMPLETION OF CAUSE OF DEATH?			
W & c -	ME							1 TES 2 NO			
A Ne											
ITAL N: The law icate has State Dep	-	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	36- PLACE OF DEATH	(Check only one)					
CIAN:	ly S	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	etient 3 DOA 4	Nursing Home 5 - Residen						
PHYSICIAN: this certifical with the St		1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O		28d, DESCRIBE HOW	INJURY OCCUR	EO			
	mar BY	2 Accident Investigation	and Mumber or 6	Bural Route Number,							
ISI TENG	28 IA	3 Suicide a Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	effy)	, , , , , , , , , , , , , , , , , , , ,	City or Town, State)	tural ricota riginoa,			
DIVISIO OR ATTENOR DIRECTOR: Af	ANT: If item 28 is COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	MAN: To the heat of my know		t the time, data and place, and						
PAL PAL	MP I	anni .	. /	/ /	n my opinion, death occured at			use(s) and menner as stated			
FUNE	E S	290. SIGNATURE AND TITLE OF CERTIFIER	01111								
DIVISION TO THE FUNERAL OR ATTENDING TO THE FUNERAL DIRECTOR: After The filed within 72 hours after death	BE	D 242 4 L									
5 5 5	우	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin		1/15	0	19195			
		DR. CHARLES SHEEH	AN 10298-B I	BALTO. NAT	. PIKE ELLICO	TT CITY. MI	210	42			
	4	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		,					
	1	AUG 1 0 1993	gina Davidson	andall	S. Carrier						

in his years for he should

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should

		BEATRICE E			LEC	ONARD		2. DATE OF DEATH	93	EAR .	:10 AM
		4. SOCIAL SECURITY NUMBER 214-14-5541	5. SEX 6. AC	GE (In yrs. les 74		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) July 13,	1919 M	Country)	ACE (State or Foreign
	TOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH A.A. C									н .
	DIRECTOR	Maryland Anne	Arundel			own or loca ern	TION		-		d. INSIDE CITY LIMITS? YES 2 X NO
	ERAL	100. STREET AND NUMBER 1647 Shannon O C	ircle			16	1. ZIP CODE 21144				T COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2 1	IMED NO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify) an, Puerto Rican, etc.) fy:		RACE — A Black, WI Specify:	tates American Indian, hite, atc. White
	PLETED	t 15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		(G life.	CEDENT'S USI	done during m tired.)		Own Ho	USINESS/INDUS	TRY	
be notified at once	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Francis A. Watts					Edna E	ME (First, Middle, Maide Andrews	en Surname)		
e notifie	2	19a.INFORMANT'S NAME (Type/Print) William J. Leonar	-d					Route Number, City or Te e, Severn		Mary.	21144 1and
must b		20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval trom State	cemetery, cre	MAND DATE OF D matory or other SVILLE	place)	t. Cem.8		ocation – city rownsvi		State Maryland
examiner must		22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E. Glen Burnie, MD 2106									ND 21061
or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	List only one cause of Due To On A Due To On A Due To On A	S A CONSEC	QUENCE OF):	Ship Ship eDe	And of dying, such	th ae cardiac or ree	piratory arrest	7	Approximata intarval Between Onset and Death
or, or Hearth and Mental 3 shows any Injury,	: MEDICAL	PART II. Other significant condition	compributing to days	but not r	eauting in the	the underlyin	g cause given/in	Part I. 244. VAS A PERFO	IN AUTOPSY DAMED?	OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO HPLETION OF CAUSE DEATH? YES 2 NO
r Item 23	SICIAN	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?	HOSPITAL:	hulpatient 3		THER:	ACE OF DEATH (C)	Other (Specify)			
marked, or	ВУ РНУ	27. MARRIER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUS (Month, Day Yes	ry	385. TIME OF	28c. IN.	HURY AT SHIKY YES 2 NO.	28d, DESCRIBE HOW	NAME OCCUR	ED	
28 is	ETED E	3 Suitoide 6 Could not be determined	29e. PLACE OF INJU building, etc. (S	IRTY At hor pecify)	me, farm, stree	d, factory, offic	•	38f, LOCATION (Street City or Town, 5tm	t and Number or i	flurer Floute	Numbec
MT: If Item	COMPLE		CIAN: To the beat of my kn							ause(a) gnc	f manner as stated.
IMPORTANT:	TO BE	290 GRATUME AND TITLE OF CERTIFIER	1100				29c. LICENSE NUI	(6)	18	17/	nth Dey Year
		ORGE M. RAMIREZ			WOOD R	OAD, #	205/GLEN	BURNIE,	MARYLAN	ID 21	061
1	7A	UG 10 1993 Julia	32. REGISTRAR'S SI								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	١.
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	REGISTRAR		CERTIFICATE C		ENTAL HYGIENE REG. NO.		
- 9	1. DECEDENT'S NAME (First, Middle, Li	B. Laws			2. DATE OF DEATH MONTH DAY	3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER		yrs, last birthday) F UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	B. BIRTHPLACE (State or Fo.	
	21624-8838	1 M 2 🗆 F	OOYRS. MONTHS DAY		(Month, Day, Year)	Country) Md	
TOR	90, FACILITY NAME (If not institution, go NOWOUL COLL RESIDENCE OF DECEDENT	nty General	HOSP. SH. CITY, TOV	NN OR LOCATION OF DEA	TH 9c	HOWard.	
DIRECTOR	10e. STATE 10b. COL		10c. CITY, TOWN OR LC	OCATION		10d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND, NUMBER	Franklin	Ave Apt	101. ZIP CODE 2120	7	g. CITIZEN OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES IF YES, GIVE WAR OR DATE	2 NO If yes	DECENDENT OF HISPANIC a, specify Cuban, Mexican, YES 2 NO Specify:	ORIGIN? (Specify Yes or N Puerto Rican, etc.)	14. RACE — American India Black, White, etc. Specify	
ETED	15. DECEDENT'S (Specify only highest g	rade completed)	8a. DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)		16b. KIND OF BUSINES		
4	Estillation y/Secondary (0-12)	College (1-4 or 5+)			Balto 6	gas + Electri	
COMPL	17. FATHER'S NAME (First, Middle, Last)	i	18. MOTHER'S NAME (First, Middle, Maiden Surname)				
BE	Herman M 190. INFORMANT'S NAME (Type/Print)	· Laws	des Man INC Appende (C)		a Hall		
2		owlker	and Number or Rural Route Number, City or Town, State, Zip Code) LNKlin Ave Balto Co. Md 213				
	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ F	Removal from State	ACE AND DATE OF DISPOSITION		DATE 20c LOCATIO	ON — City or Town, State	
	4 Donation 5 □ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	Center	ty, cremetory or other place)	Dras Vel	1/12/93 () W	ings Hills,	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	22. NAMI		. Wast	0 0	
\dashv	23. PART I. Enter the diseases,	or complications that caused the	no death. Do not enter the	4300	walsa	ry arrest, Approxima	
	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	B. Preumo	vin.			Onset and	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	2 2 T DNSEQUENCE OF):	Canar.			
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	2 2 TONSEQUENCE OF):		Irt I, 24a. WAS AN AUTO		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	2 2 TONSEQUENCE OF):		ert I. 24a. WAS AN AUTO PERFORMED 1 YES 2 1	? AMILABLE PRIOR	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR AS A CC) d. tions contributing to death but	2 2 T DASEQUENCE OF): ONSEQUENCE OF): not resulting in the underf		PERFORMED 1 YES 2 1	COMPLETION OF CO	
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are successful to the significant conditions are successful. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigated investigated investigated in the successful conditions are successful to the successful condition	DUE TO (OR AS A CO c. DUE TO (OR AS A CO d. L HOSPITAL: 1 Inpatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year) Duliding, etc. (Specify) HYSICIAN: To the best of my knowledged the second of the se	DIVISEOUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): OTHER: and OTHER: At home, farm, street, factory, of the street, factory, of t	ying cause given in Pa 3. PLACE OF OEATH (Check Home 5 Residence 6 INJURY AT WORK? YES 2 NO office 2	PERFORMED 1 YES 2 TO Conly one) Other (Specily) Bid. DESCRIBE HOW INJUR Officer fown, Street and N City or fown, Street the cause(s) and manner is ne, date and place, and due	AMALABLE PROOR COMPLETION OF COMPLETION OF COF DEATH? 1 YES 2 N NY OCCURED Number or Rural Route Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient condi	DUE TO (OR AS A CO E. DUE TO (OR AS A CO d. L HOSPYTAL: 1 © Inpetient 2 □ ER/Outpatle 28e. DATE OF INJURY (Month, Day, Year) Debe de Duliding, etc. (Specify) HYSICIAN: To the best of my knowledd MINER: On the bests of sxamination are	DNSEQUENCE OF): ONSEQUENCE OF): not resulting in the underf and of the underf 28b. TiME OF INJURY At home, farm, street, factory, of the underf and/or investigation, in my opinion	ying cause given in Property of the property o	PERFORMED 1 YES 2 TO 1 YES 2 TO 1 Other (Specify) 18d. DESCRIBE HOW INJUR 18d. LOCATION (Street and N City or Rown, State) 1 the cause(s) and manner of the cause(s) and place, and due ER 290	AMALABLE PRIOR COMPLETION OF C	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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page 5 should be de	TO THE MAN THE PARTY OF THE
Tolorium: his aw regards that he bear certificate be executed whitin 44 hours after beart. Tage o may be treathed by the hospital or attributed has been stated by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the best. In Realph and Memal Hygines prior to burial, cremation, or removal. The structure of the provided by the present of the provided by	BRIEF PARTITION AND ADDRESS
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TO THE PLOSTFILE, UR ALTENDING PRISONER TO THE VINERAL DIRECTOR After this cert De filed within 72 hours after death with the IMPORTANT: If them 28 is marked or	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /			HEALTH AND	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) ANNA HETWICKE LANG! 4. SOCIAL SECURITY NUMBER					2. DATE OF DEATH	6,199	YEAR 3. TIME OF DEATH			
	213-48-5254 1 D M 2XXF 92 YRS.			IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 3-23-1901		8. BIRTHPLACE (State of Foreign Country) Maryland			
Œ	90. FACILITY NAME (If not institution, give stree St. Joseph Hospital			N OR LOCATION OF DI	EATH		TY OF OEATH				
5	RESIDENCE OF DECEDENT				vson		ват	timore			
DIRECTOR	100. STATE 100. COUNTY 10c. CI Maryland Baltimore				CATION /SOIT			10d. INSIDE CITY LIMITS? 1 YES 2XXNO			
IAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?			
FUNERAL	1200 Stevenson Lane				21286		US	Α			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed X Divorced	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES XX N IF YES, GIVE WAR OR DATES		If yes,	Specify Cuben, Mexice (ES X X NO Specify	NC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No—	I4. RACE — American Indian, Black, White, etc. Specify: White			
9	15. DECEDENT'S EDUCAT (Specify only highest grade con		CEDENT'S U	SUAL OCCUPA	TION most of working	16b. KIND OF BUS	SINESS/INDU	STRY			
COMPLETED	Elementary/Secondary (0-12) 7th grade	College (1-4 or 5+)	House	retired.)	nost of working	Homem	aking				
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	,				
B	John William Ullric 19a. INFORMANT'S NAME (Type/Print)				Wilhel	mina Berge	r				
2	George E. Linthicum					Poute Number, City or Town Owings Mil		aryland 21117			
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove	20b. PLACE A cemetery, cre-	AND DATE OF	DISPOSITION of plece)	(Name of	OATE 20c. LO	CATION — CI	City or Town State			
	4 ☐ Donation 5 ☐ Other (Specific DTC) 21. SIGNATURE OF FUNERAL SERVICE LICEN	_{вее} пршент ћотане.	y val	22. NAME	AND ADDRESS OF FA	CILITY	<u> Ltımo:</u>	re, Maryland			
	Dessehn Fe	eneral Hom.	72		sahn Fune		oro	M4 21226			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiec or respiratory arrest, ehock, or heert fellure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in						AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Ä											
SICI		IOSPITAL:		OTHER:	PLACE OF DEATH (Ch						
HX	27. MANNER OF DEATH	Inpatient 2 Servoutpatient 3 28a. DATE OF INJURY	28b. TIME	OF 28c. I	ome 5 Rasidence	8 Other (Specify) 28d. DESCRIBE HOW IF	NJURY OCCU	RED			
ВУР	1 Hatural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI		WORK? YES 2 NO						
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
COMPLETED		IN: To the best of my knowledge, deal On the bests of exemination end/or in									
BE C	29b. SIGNATURE AND TIFLE OF CERTIFIER	Mal	Sal	1	29c. LICENSE NUM			SIGNED (Month, Day, Year)			
2	30 NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF GEATH (ITEM	127) (Type, 6	and o	Luco-	11/1/2	8/10	16/93			
	AUG 1 0 1993 full	32. hegistran's signature	7 7 3	1		11 1 49 1177	<u>, e j. j.</u>	7// // &			

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TO THE HOSPITAL OR ATTRENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit nermit panes 1 2 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bunial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

			*										90	
	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND C	DEPAR	TMEN	T OF H	EALTH DEAT	AND N	MENTAI	HYGIEN		3 2	3067	
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		3.	. TIME OF DEATH	
	Joseph A. Linsa					- 1	MONTH 8-	8-93	AY	YEAR	· · · · · · · · · · · · · · · · · · ·			
			AGE (In yrs. la	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH , Day, Year)		A. BIRTHPL	ACE (State or Foreign	
	199~05-6593	⊠ M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) 0-6-20	- 1	Country)	sylvania	
	9a. FACILITY NAME (If not institution, give stree	et and number)			9h CIT	Y TOWN (OR LOCATIO	W OF DE		7-0-20		TY OF DEA		
Œ		1,377,76			1.7	17.4		A OF DE	2111		9c. COOR	TIT OF DEA	in .	
5	4410 White Avenue				В	alti	more							
DIRECTOR	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION					10	d. INSIDE CITY	
	Md.			Bá	lti	more						33	LIMITS?	
BY FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITIZ		AT COUNTRY?	
띪	4410 White Avenu	ie					2	1206	5		II.	S.A.		
5		2. WAS DECEDENT	EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT OF	F HISPANI	IC ORIGIN	? (Specify Yes		14. RACE -	- American Indian.	
-	1 Never Married 2 Married	FORCES? 1 V	YES 2]	NO		If yes, sp	ecify Cuban 2)[7]:NO	, Mexican	, Puerto F	licen, etc.)		Black, V Specify:	Vhite, atc.	
	3 Widowed 4 Divorced	WW	/II				-26-25	opoony.					White	
	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION molester(I)	16a. Di	ECEDENT'S	USUAL C	CCUPATIO	ON .		16b.	KIND OF BU	SINESS/IND			
<u>u</u>		College (1-4 or 5+)	iife	. Do NOT us	e retired.)	during mo	st of working	9	Ì					
린			Sa	lesma	an				I	ollac	k – B	lum		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	AE (First, A	fiddle, Maiden	Surname)			
BE	Dominic Linsa	lata					Ма	ry						
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a			oute Numb	er, City or Tow	n. State. Zip	Code)		
2	Mary G. Linsalata		- 1											
	20s. METHOD OF DISPOSITION 20s. BLACE AND DATE OF DISPOSITION (1997)										State			
	1 M Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) More Land Memorial Park 8-10 Baltimore													
	21. SIGNATURE OF FUNERAL SERVICE LICEN	11010	rand			IO ADDRES						Road		
	N11 6	/	,	1	ohn i	C Mi	1104	T						
	John C. Miller, Inc. Baltimore										la21206			
												Approximate		
- [IMMEDIATE CAUSE (Final										Onset and Death			
	disease or condition resulting in death)	UNGE	ory faillero											
		DUE 10 (9	R AS A CONSE	QUENCE OF	D: /									
z	metantala cuno CA -													
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSE	QUENCE OF	7:	X								
8	cause. Enter UNDERLYING CAUSE (Disease or injury					0								
E I	that initiated events	DUE TO (O	R AS A CONSE	QUENCE OF):									
	rasulting in death) LAST													
ਹ	PART II. Other significant conditions of	contribution to de	noth hut not	ro av data a d	- Ab	- 4 - 4 - 4 - 1 -			1		-			
MEDICAL	Other Symbolic Conditions C	contributing to di	Bath out not i	esuiting i	n the u	naenying	cause g	iven in F	art I.	24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
ă										1 YES 2	□ NO		OMPLETION OF CAUSE F DEATH?	
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PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER?	OSBITAL					ACE OF DE	ATH (Chec	ck only one)				
YSI		I ROSPITAL: OTHER:												
E	27. MANNER OF GEATH	28a. DATE OF IN (Month, Day,		28b. TIMI	E OF URY	28c. INJ	URY AT RK?		28d. DEŞ	CRIBE HOW I	NJURY OCC	URED		
BY	1 Netural 5 Pending 2 Accident Investigation		,		М		'ES 2 🗌	NO						
	3 Suicide S Could not be	28s. PLACE OF I building, etc	NJURY - At he	me, farm, s	treet, fac	tory, office	1			TION (Street	and Number	or Rurel Rout	e Number,	
TED	4 Homicide determined		(слу с	r Town, State)				
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of m	y knowledge, de	ath occurre	d at the	time, date	and place	and due to	o the care	se(s) and man	Der an etate	d		
2	One) 2 MEDICAL EXAMINER:												nd manner or stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER /	1/0	0	arcond-fi		241 2570				and the second second		1 1	/	
H H	ACINON	Me	-				7	LN	2		DATE	779 T	7.00	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CALLES	OF OFFITH STE	14 0T (T	01.1		UZ	00			0	17 10	15/	

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 611 Park Avenue, Baltimore, MD 21201

31. DATE FILED (Month, Day, Year)
AUG 1 0 1993

OR REGISTRAR'S SIGNATURE

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THE PROPERTY OF THE PROPERTY CO. TO C	SPINE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whours after death, Pa
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AUG 1 0 1993

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	ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest))	C	ERTIFIC	ATE O	F DEATH	2. DATE	REG. NO.	, , ,		3068
	Bessie Priscel		loved I	orrah on			MONT	H DA		YEAR	
	4. SOCIAL SECURITY NUMBER		8. AGE (In vrs. ia:		F UNDER 1 YEAR	R IF UNDER 24 HRS.	Aug	OF BIRTH	1993		: 25 P CE (State or Fore
	213-18-9507	1 🗆 M 2 💢 F	89		ONTHS DAYS		(Mont	h. Dev. Yearl		Country)	gton, D
	9a. FACILITY NAME (If not institution, give	street and number)		9	b CITY TOWN	N OR LOCATION OF D		16 12/1		Y OF DEATH	
œ							CAITI		SC. COUNT	T OF DEATH	
ECTOR	Dulaney Towson I	Nursing Ce	nter		Tows	son			Ba	ltimo	re
Œ.	10a. STATE 10b. COUN'			10c. CITY, T	TOWN OR LOC	CATION			7	100	I. INSIDE CITY
DIR	Florida St	. Lucie		Po	ort St	. Lucie				1 [LIMITS?
A L	10e. STREET AND NUMBER	,				10f. ZIP CODE			10g. CITIZE		COUNTRY?
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FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGII	N? (Specify Yea		4. RACE -	American Indian.
	1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WA		МО		specify Cuban, Mexico		Ricen, etc.)		Black, WI Specify:	hita, etc.
В	3 X Widowed 4 Divorced					222				White	ے
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2	N/A	N/A	S	tenogr	apher			Fede:	ral Go	overni	ment
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)		
ш	William Lloyd					Atha	lia Z	Aldin			
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILINO AD	DDRESS (Stree	et and Number or Rural			n, State, Zip C	ode)	
2	Gwen Butler (Dau	ighter)	1			arlite Co					da 3498
	20a. METHOD OF DISPOSITION			AND DATE OF	DISPOSITION		OAT		CATION — CH		
	1 Burial 2 Commetten 3 Res	moval from State		emetory or other		atory	8/1	0 Ba	1 timor	e. Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE.	/			AND AODRESS OF FA				. 0 /	az j = arro
	1 /2.										
_	- Marine				Schi	imunek Fu	neral	L Home			
-		- Tuis			3333	l Brehms	nera] Lane	Balti	imore,	Md. 2	21213
	23: PART I. Enter the diseases, or shock, or heart failure	complications that List only one cause	caused the de	eath. Do not	3333	l Brehms	nera] Lane	Balti	IMOTE,	Md. 2	21213 Approximate Interval Bets
	ahock, or heart fallufe IMMEDIATE CAUSE (Final	Complications that List only one cause	caused the de e on each line	eath. Do not	3333	l Brehms	nera] Lane	Balti	LMOTE,	Md. 2	Approximate
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Dr. Mark Allan Lamos, 3334 Paper Mill Rd., Phoenix, Md. 21131

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

296. SIGNATURE AND TITLE OF CERTIFIER

are Okum, MD

MARC OKUN, M.D./203 HOSPITAL DR #206/GLEN BURNIE, MD

12. HOUSTAAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BE

2

93 23069 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR CLARA Bertha 08 LEONARD 11:35 AM 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 K F 213-30-9995 3/16.1911 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION
RESIDENCE OF DECEDENT GLEN BURNTE COUNTY A.A 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel 1 TES 2 NO Glen Burnie 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7900 Benesch Circle Apt. 812 21061 USA 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify, Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 🔼 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8 Homemaker Household 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles W. Hundertmark Clara BE Yingling 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jeanne Renshaw 407 Pixie Dr. Millersville, Md. ě 20a. METHOD OF DISPOSITION

1 Burial 2 C Cremetion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must remetery, crematory or other place)
Metro Crematory 8/9/93 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE MEET 22. NAME AND ADDRESS OF FACILITY Stallings Funeral Home PA 3111 Mountain Rd. Pasadena, Md. 21122 medical 23. PART I. Enter the diseases, or complications that course the death. Do not enter the mode of dying, such as cardisc or reepiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death il e disease or condition Aortic Stenosis - Rheumatic ritical 10 months resulting in death) **OUE TO (OR AS A CONSEQUENCE OF)** CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY Heart Block 1 YES 2 NO OF DEATH? 1 TES 2 NO 33 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TYES 2 NO e 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ΒY М 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 28 29e. CERTIFIER

(Chart and)

(CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

D58000

21061

29d. DATE SIGNED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	/		2. DATE OF DEATH		3. TIME OF DEATH	
	Julian Louis , LE	DEEN		MONTH DAY	93 YEAR	1105PM	
		8. AGE (In yrs. last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	A BIRTHP	LACE (State or Foreign	
	138-09-3999 1D420F	SO(D YRS. MC	ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 10,19	Country)	w York, NY	
	9a. FACILITY NAME (If not institution, give street and number)		b. CITY, TOWN OR LOCATION OF DE				
œ	S to do: 1/2 ol :	1	D. CITY, TOWN ON LOCATION OF DE	ATH / 9	c. COUNTY OF DEA		
2	RESIDENCE OF DECEDENT		DAYNESDO		MONTO	GOMERY	
Startan Hospital RESIDENCE OF DECEDENT 106. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 106. INSIDE COLUMNSTS 107. INSIDE COLUMNSTS 108. STATE 109. COLVILLE 109. CITY, TOWN OR LOCATION 100. LITY TOWN OR LOCATION 100. LITY TOWN OR LOCATION 100. LITY TOWN OR LOCATION 101. INSIDE COLUMNSTS 102. LITY TOWN OR LOCATION 103. LITY TOWN OR LOCATION 104. LITY TOWN OR LOCATION 105. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 107. LITY TOWN OR LOCATION 108. LITY TOWN OR LOCATION 108. LITY TOWN OR LOCATION 109. LITY TOWN OR LOCATION							
E	min make - mas		kville			LIMITS?	
	10s. STREET AND NUMBER	100	101. ZIP CODE			YES 2 NO	
A)	100	10	0g. CITIZEN OF WH		
FUNERAL	6121 Montrose, Rd.		20352	,	United S	States	
교		EVER IN U.S. ARMED YES 2 XNO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica		No- 14. RACE - Black.	- American Indian, White, atc.	
à l	3 ₩idowed 4 Divorced IF YES, GIVE WA		1 TES 2 THO Specify			ıcasian	
						Castall	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work	done during most of working	16b. KIND OF BUSINE	SS/INDUSTRY		
ا ت	Elementary/Secondary (0-12) College (1-4 or 5 +)	Ilfe. Do NOT use re	W. 1				
₹	4	Mechanic	al/Electrical I	P	rivate		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Sun	rame)		
H	Carl Levine		Masha (
၉	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural F	Noute Number, City or Town, S	tate, Zip Code)		
-	Michael Ledeen	7312 W	estern Ave., Co	C,Md. 20815			
	20a. METHOD OF DISPOSITION 1 X Veurlal 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c. LOCAT	ION — City or Town	n, Stata	
	4 Donation 5 Other (Specify)	Judean Mem	orial Gardens	8-5-98 Oln	ey, Md.		
	21. SIGNATURE OF FURTERAL SERVICE LICENSALE		22. NAME AND ADDRESS OF FAC				
	· / WO DOITE		Ives-Pearson Falls Churc	Funeral Hom	es		
	22 PARY I STATE OF THE STATE OF						
	23. PART I. Enter the diseases, or complications that check, or heart fallura. List only one cause	caused the deeth. Do not o Dn aach line.	enter the mode of dying, auci	as cerdiec or respirate	ory arreat,	Approximete Interval Between	
	IMMEDIATE CAUSE (Finel	0 711	/ / =			Onset and Death	
	disease or condition						
- 1	DUE TO (C	OR AS A CONSEQUENCE OF):					
Z	Sequentially list conditions, b.						
ĔI	if any, leading to immediate	R AS A CONSEQUENCE OF):					
<u> </u>	cause. Enter UNDERLYING CAUSE (Disease or Injury						
Ē	that initiated events resulting in death) LAST	R AS A CONSEQUENCE OF):					
CERTIFICATION	d						
	PART II. Other algorificent conditions contributing to d	eath but not reaulting in t	he underlying ceuse given in	Part I. 24s. WAS AN AUT	TOPSY 24b. V	VERE AUTOPSY FINOINGS	
DICAL	CHRONIC RENAL	FAILURE		PERFORME	D? A	MAILABLE PRIOR TO COMPLETION OF CAUSE	
				1 🗆 YES 2	MO D	OF DEATH?	
≥				-	1	☐ YES 2 ☐ NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL		OF DIACE OF SEATH OF				
泛	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO						
<u>"</u> ∥	1 VES 2 NO 1 Properient 2 E		Nursing Home 5 Residence				
	1 Natural 5 Pending (Month, Day,		WORK?	28d. DEŞCRIBE HOW INJU	RY OCCURED		
⋒	2 Accident Investigation		M 1 YES 2 NO				
	3 Suicide 8 Could not be building, at	INJURY — At home, farm, street. (Specify)	et, factory, offica	28f. LOCATION (Street and i City or Town, State)	Number or Rural Rou	ite Number,	
릴Ⅱ	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of m	y knowledge, death occurred a	t the time, date end place, and due	to the cause(s) and manner	as stated.		
COMPLET	One) 2 MEDICAL EXAMINER: On the besis of axer	mination and/or investigation, is	n my opinion, death occured at the	time, date and place, and du	in to the cause(s) i	and manner as stated.	
S I	296. SIGNATURE AND TITLE OF CERTIFIER	1-0 1. 11	29c. LICENSE NUM	BER / . 29	d. OATE SIGNED (A	Annth Day Wear)	
<u>ه</u> ا	(No see in AT	thang my	(16an 1) 180	84	8/4	193	
ᄋᆘ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (LIFEM 27) (Type, Pri	nt)		0/7		
	D.D. + PATEL M	D 6121N	ION TROSE R) Rock VII	WLE MIS	12055	
_	31. DATE FILED (Month, Day, Year) 32. MEGESTMAN	S SIGNATURE	over the test	1.0-101	4000	-0032	
4.	AUG 1 0 1993 gula Maria	- Roydolle				- 1	
		A CONTRACTOR OF THE PARTY OF TH					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	2	1
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law remains that the datan certificate be executed within 24 hours	A COLOR OF CHANGE AND AND AND AND AND AND AND AND AND AND
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE REG. NO.	23	23071
	1. DECEDENT'S NAME (First, Middle, Last)	Ralph Morr	ell			2. DATE OF DEATH DAY	- 1993	3. TIME OF DEATH 9 44 A M
	4. SOCIAL SECURITY NUMBER 414 \$\infty 34 \infty 6912 90. FACILITY NAME (If not institution, give s	1 M 2 TF 66	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Dey, Year) 1 = 9 = 1927	Ter	inessee
CTOR	Joseph Ritchie 1	Hospice	91		more Cia		9c. COUNTY OF D	EATN
FUNERAL DIRECTOR	100. STATE 10b. COUNTY Maryland 100. STREET AND NUMBER	Baltimore		OWN OR LOCATI	Dundalk			10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERA	903 Wise Avenue					222		ed States
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE OF THE PROPERTY OF THE PROPERT	U.S. ARMED 2 NO TES	13. WAS DECE If yes, spe 1 YES	city Cuben, Mexical	IIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	r No— 14. RACI Blaci Spec	E—American Indian, k, White, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) G. E. D.	CATION completed) Cotlege (1-4 or 5+)	18e. DECEDENT'S US (Give kind of work life. Do NOT use re	ual occupation done during mosestred.)	N t of working	166. KIND OF BUSIN	hem Stee	of Conn.
BE COM	17. FATHER'S NAME (First, Middle, Last) Fred Morrell		Labort	Lennor	18. MOTHER'S NAI	ME (First, Middle, Maiden Su		oc corces
TO B	190. INFORMANT'S NAME (Type/Print) W.S. Carrie B. 1		903 Wi	se Aver	ue Dunc	noune Number, City or Town, dalk, Maryli	and 212	
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	0	PLACE AND DATE OF E ptery, cremetory or other CLR LOWN C	emetery	8/10	1993 Bal	timore,	wn, state Maryland
	P. 10000	àardre		7.92	la-Ruck t	uneral Hom lie. Dunda	e of Dur lk, Mari	idalk, Inc. pland 21222
CERTIFICATION	23. PART I. Enter the disesses, or shock, or heart fellure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	S. Due to (or as a a	ch line.	enter the mod	le of dying, suci	h as cerdlec or reepire	tory arrest,	Approximate Interval Between Onest and Death Sminshe
CERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	PART II. Other significent condition	s contributing to death bu	rt not resulting in t	the underlying	ceuse given in	Pert I. 24s. WAS AN AL PERFORM 1 YES 2	ED	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpa		THER:	S Residence		Lha i'	0
ву РНУ	27. MANNES OF DEATH 1 Natural 5 Pending Investigation	28e. OATE OF INJURY (Morth, Day, Year)	28b. TIME O	Y 28c. INJU WOF	RY AT	6 Other (Specify) 28d. DESCRIBE HOW INJ	URY OCCURED	0
	2 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	At home, ferm, stre-	et, factory, office		281. LOCATION (Street and City or Town, Stete)	d Number or Rural F	loute Number,
COMPLETED		CIAN: To the best of my knowle R: On the beele of examination) and menner ea stated.
TO BE	296/ SIGNATURE AND TITLE OF CERTIFIE	O man	mD		29c. LICENSE NUM	BER 2	P8-7	(Month, Day, Year) -93
	30. NAME AND ADDRESS OF PERSON WH JO Seph 31. DATE FILED (Month, Day, Year)	lien Ho	TH (ITEM 27) (Type, Pri		on.	Eutaw:	S4. 1	Boltimae
6	AUG 1 0 1993	32. REGISTRAR'S SIGNAL	Andres					

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DIRECTOR

BY

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CERTIFICATION

MEDICAL

PHYSICIAN:

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25. WAS CASE REFERRED TO MEDICAL

5 Pending

Investigation

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27. MANNER OF DEATH

Netural

2 Accident

3 Suicide

4 Homicide

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	NG PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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23072 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH REG. NO. 1. OECEOENT'S NAME (Fig., Middle, Last) 2. DATE OF OEATH 3. TIME OF OFATH 6. AGE (In yrs. B. BIRTHPLACE (State or Fereign 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yells IF UNDER 24 HRS. 1 M 2 F 20 Be FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore TY YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 602 E. 43 rd St. 21212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-It yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1X Never Married 2 Married 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced Black 15. OECEDENT'S EOUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 8 th Laborer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Elmer Manns Margaret Brown 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 43 rd St. Balto., Md. 21212 Margaret B. Manns 20e_METHOD OF DISPOSITION
1. Zeurlei 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Auburn Cemetery Baltimore, Maryland 4 Donation 5 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 4611 Park Heights Ave. Balto., Md.15 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one couse on each line. Approximata Interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** Endocardetis diseese or condition reaulting in death) Socterial DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, DUE TO JOB AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24e. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 1 TES 2 NO

8 Could not be determined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. 2 MEDICAL-EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

OTHER:

28b. TIME OF

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD

28c. INJURY AT WORK?

1 YES 2 NO

28. PLACE OF DEATH (Check only one)

ng Home 5 🗆 Rasidence 6 🗆 Other (Specify)

858

28d, DESCRIBE HOW INJURY OCCURED

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 | Inpetient 2 | ER/Outpetient 3 | DOA

28a. DATE OF INJURY (Month, Day, Year)

31. DATE FILED (Month, Day, Year) 92. REGISTRAR'S SIGNATURE

0 1993 Davidson AUG

HOSPITAL:



and the state of the

Pages 1, 2, 3 should

FOR STATE REGISTRAR

MARK

1. DECEDENT'S NAME (First, Middle, Last)

GREGORY

1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MEDLEY

3. TIME OF DEATH

 $\mathbb{P}_{\mathbf{M}}$

11:42

10d. INSIDE CITY

RACE — American Indian, Bleck, White, etc.

1 YES 2 X NO

White

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 | NO

29d. DATE SIONEO (Month, Day, Year) 8-8-1993

111 Penn Street, Baltimore, Maryland

Intervel Between

8. BIRTHPLACE (State or Foreign

1953 Virginia

10g. CITIZEN OF WHAT COUNTRY?

Specify:

United States

9c. COUNTY OF DEATH

REG. NO.

004

2. DATE OF DEATH

800m

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit yours after health with the State fleet of Health and Mental Harrison not in burial cremanion or removal

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 214-54-8160 39 1-1 M 2 □ F DAYS HOURS Dec. 18, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION Maryland Anne Arundel Severn FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 1450 Virginia Ave. 21144 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Pu IF YES, GIVE WAR OR DATES 1 TYES 2 X NO BY Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Student Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Caldwell Medley notified at Catherine A. Redmiles 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thomas J. Medley, Sr. 205 Travis Street, Bowling Green, Virginia 22427 pe 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 🖔 Cremation 3 ☐ Ramoval from State 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 4 Donation 5 Other (Spepily) Metro Crematory, Inc. 8-10-93 CATONSVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22 NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E. Glen Burnie, MD 21061 medical 23. PART I. Enter the diseases, or compilications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition Schotz Cast Moulas Disease resulting in death) event. OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY signed by Health and PERFORMED? r this certificate has been signed by h with the State Dept. of Health an arked, or Item 23 shows any 1 YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 ☐ FR/Outpatient 3 ☐ DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF CEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending Investigation 1 YES 2 NO BY After I death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 9 L DIRECTOR: A hours after d COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HORIZANT: IT IN 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER O.C.M.E.

SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2

DHMH-16 Rev 1/89

21201

1	-	STATE REGISTRAR
_	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE OF	DEATH		REG. NO	_		
1. DECEDENT'S NAME (First, Middle, I	Lest)				2. DATE O	OF DEATH	v	YEAR	3. TIME OF OEATH
Kathleen	Marie	McKen			Aug	7		1993	5:48 am M
4. SOCIAL SECURITY NUMBER 219-40-5998	5. SEX	6. AGE (In yrs. lest birthday 48 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, May	Day, Year)	1945	Country)	vland
9e. FACILITY NAME (If not institution,	give street and number)		96. CITY, TOWN	OR LOCATION OF D		29,		TY OF DE	
Francis Scott	Key Hospi	tal	Balti	more City	у				
MD 10a. STATE 10b. CO	UNTY		nty, rown on Loc Baltimor						LIMITS?
10e. STREET AND NUMBER	-			Of, ZIP CODE			10a. CITIZ		IXXYES 2 NO
5531 Todd Aven				21206			US		
13. THE OCCUPANT OF HISTARIC OFFICIAL TOP NO. 14. HACE									
15. DECEOENT'S (Specify only highest)	EOUCATION grade completed)	16a. DECEDENT	S USUAL OCCUPAT	ION	16b, I	KIND OF BUS	SINESS/IND	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	We Do MOT	use retired.)	lost of working					
12yrs		Disab	led						
7. FATHER'S NAME (First, Middle, Last				18. MOTHER'S NA	ME (First, Mi	ddle, Meiden	Sumeme)		
Francis Josep	h Schmink			Mary F					
e. INFORMANT'S NAME (Type/Print)		196. MAILIN	G ADDRESS (Street	and Number or Rural	Route Numbe	r, City or Town	n, State, Zip	Code)	
Regina Vitale		1151.	5 Long G	reen Pike	<u>G1</u>	en AR	m, MI) 2	1057
De. METHOO OF DISPOSITION [X] Burlai 2 Cremetion 3	Removal from State	20b. PLACE AND DAT	OF DISPOSITION (A		OATE		CATION — C		n, State
XBurial 2		- Sacred He	eart of .	Jesus Au	ıg 11	1993	Ba1	timo	re, md
MIGNATURE OF FUNERAL SERVIC	E LICENSEE	0 11	22. NAME	UND ADDRESS OF FA	CILITY				
mare Illy	Fundal	1 dans	Conn	. 11 E	1 71		C D		300 Mace Av
3. PART I. Enter the discuss,	or complications the	t ceused the death. Do	not enter the m	elly Fune	ral H	ome o	I Ess	ex	Balto MD 21
MMEDIATE CAUSE (Finel	ure. List only one ceu	se on esch line.		ode of dying, soc	ar ee cerdi	c or respi	ratory sire	rat,	Approximata interval Between Onset and Death
disease or condition esuiting in death)	a. HEP	ATIC THE	744-CO ?	PATHY					2 0445
sequentially list conditions,		OVIOLIC L		MSEASE	FAI	LURG			LONGSTANDIA
f any, leading to immediate suse. Enter UNDERLYING	D)	DHOL ABUS							4.9
CAUSE (Disease or injury hat initiated events esuiting in death) LAST	V	(OR AS A CONSEQUENCE							
)	0								+
PART II. Other significant cond						4a. WAS AN PERFOR			VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
IT WAS &	iven brigod	Delirium To	to contro	(prevent		1 TES 2		0	OMPLETION OF CAUSE OF DEATH?
Symptoms	of serve	Delirium 1.	lovens	6				1	YES 2 NO
WAS CASE REFERRED TO MEDICA EXAMINER?				LACE OF DEATH (Ch	eck only one)				
1 ☐ YES 2 ☑ NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER: 4 Nursing Hor	me 5 Residence	6 Other (Specify)			
MANNER OF DEATH	28a. DATE OF (Month, Di			JURY AT ORK?	28d. DESC	RIBE HOW I	JURY OCC	JREO	
1 Nsturel 5 Pending 2 Accident Investigat				YES 2 NO					
3 Suicide 6 Could not determine	building.	F INJURY — At home, ferm, etc. (Specify)	street, factory, offi	CO	281. LOCAT City or	ION (Street e Town, State)	nd Number o	or Rural Rou	ite Number,
De. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the heat of	my knowledge, death occur	and at the time and	a and place and d	A- sh-	4-1			
		my knowledge, death occur emination end/or investigst							
	TITO .					nu piaca, and			
b. SIGNATURE INDITITLE OF CERT	& Ganer	MD/ECHRA	sident	29c. LICENSE NUM	(923				fonth, Day, Year) 93
). NAME AND ADDRESS OF PERSON	WHO/COMPLETED CAUS	E OF DEATH (ITEM 27) (Typ	e, Print)	141		- :			
THOMAS GASSER	J. MD. FA	LANCIS SCOTT I	usy med	CTR, 494	O EAS	TERN A	NE, B	ALTIM	ORES, M) 21221
ALIG 1 0 1002	V ************************************	R'S SIGNATURE							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainant per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

AND THE PERSON

	1 - STATE REGISTRAR	STATE UP MA	CERTII	FICATE OF		REG. NO.	U. U						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH					
	CHARLES H.		W-CROFT			08-08-93		6:30 A. M					
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday,	MONTHS DAYS	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)					
	212-01-1888	1 M 2 D F	95 YRS.			05-17-98		PENNSYLVANIA					
~	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF I	DEATH	9c. COUNTY OF	F DEATH					
0	255 SOUTH LOUDO	N AVENUE	Va test	BALTI	MORE CIT	Y							
EG	10a. STATE 10b. COUNT	TY	10c. CI	TY, TOWN OR LOCA	TION	-1-		10d. INSIDE CITY					
DIRECTOR	MARYLAND		В	ALTIMORE	CITY			LIMITS?					
	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?					
FUNERAL	255 SOUTH LOUDON	AVENUE			2102	9	U.S	S.A.					
5	11. MARITAL STATUS	12. WAS DECEDENT		13. WAS DE	CENDENT OF HISP	ANIC ORIGIN? (Specify Yes	or No.— 14. R	ACE — American Indian,					
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAF	YES 2 NO BOR DATES	If yes, s	Decity Cuban, Mexico	esn, Puerto Rican, etc.)		lack, While, etc.					
								WHITE					
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give kind o	S USUAL OCCUPATI f work done during m	ON ost of working	16b. KIND OF BUSI	NESS/INDUSTRY						
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	- We. Do NOT	RINTER		SUN	PAPERS	5					
Ž	1.2 17. FATHER'S NAME (First, Middle, Last)				I Stranger								
8	JOHN R. MEADOW-C	ROFT				AME (First, Middle, Melden S A. McENROE	urname)						
BE	19a. INFORMANT'S NAME (Type/Print)		T 10b MAII IN	IG ADDRESS (Street		I Route Number, City or Town	Contr. Tim Contra						
임	MARY T. MEADOW-C	ROFT (WIF				NUE BALTIMO							
	20a, METHOD OF DISPOSITION		20b. PLACE AND DATI				ATION — City or						
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Res 4 Donation 5 Other (Specify)	moval from State	cometery, crematory or MOST HOLY	other place)				MARYLAND *					
	21. SIGNATURE OF FUNERAL SERVICE L	ICEN9ES	INOST HOLL	22 NAME A	ND ADDRESS OF I	ACILITY							
3	Lussell	a.,), 2	4					JNERAL HOMES					
	23. PART I. Enter the diseeses, or		20					LLE, MD. 2122					
	shock, or heart failure IMMEDIATE CAUSE (Final disesse or condition resulting in death)	Q	MGLS T		Hear;	+ Foil	ure	Interval Between Onset and Death ME How					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significant condition	and contribution to d	and but an annulation	. In the company of									
PHYSICIAN: MEDICAL	PART II. Other significant condition	ons contributing to a	eeth but not resulting	in the underlying	g cause given i	PERFORM	NED?	245. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE					
ă						1 TYES 2	NO	OF DEATH?					
Ξ								1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEADN (Check only one)												
2	EXAMINER?	HOSPITAL:		OTHER:	1/								
₹ ₹	1 YES 2 NO	28a, DATE OF IN	P/Outpatient 3 DOA	-	ne 6 (Assidence	6 Other (Specify)	Hey course						
	1 Natural 5 Pending	(Month, Day,		NJURY W	ORK?	28d. DESCRIBE HOW IN	JUNY OCCUMED	1 3 4 1					
BY	2 Accident Investigation	26s. PLACE OF	NJURY — At home, farm			28f. LOCATION (Street or	of Number or Du	of Davis Alumbar					
	3 Suicide 6 Could not be 4 Homicide determined	building, et	c. (Specify)	, server, rectory, orn		City or Town, State)	o Number or Hui	ar Houte Number,					
<u> </u>	29a. CERTIFIER												
COMPLETED	(Check only					se to the cause(a) and mani							
8	- Me o	1111 01	Innetion and/or investigat	non, in my opinion,		e time, data and place, and		/					
BE	296. SIGNATURE AND STITLE OF CERTIFIE	That	M.D		29¢ LICENSE N	2777	DATE SIGN	100 g					
		/ /						1/70					
2	30. NAME AND ADDRESS OF PERSON A	HO COMPLETED CAUSE	0 / DEATH (ITEM 27) (7)	3 Frod	2rick	Rd 2/2	18 1	nd					
	JUE. MCG 31. DATE FILED (Month, Day, Year)	HO COMPLETEO CAUSE V = 1 32. REGISTRAP	1.P /30	3 Fred	erick	Rd 2/2	18 1	nd					
	W.E.M.G	Veth N	1.P /30	3 Fred	erick	Rd 2/2	18 /	nd					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

June ten part

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTRAH CERTIFICATE C	JE DEATH	REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Lest) ROSE Marie OSEnburg Rose Marie Os	senburg	2. DATE OF DEATH	93	3. TIME OF DEATH 7:05 PM
Pin		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) if under 1 YEZ ~ 100 YRS. ~ 100 YRS.	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8 92 19	HPLACE (State or Foreign ARY AND
, 2, 3 should	TOR		WSON	ATH	BAH	1MOLE
020 physician. burial-transit permit. Pages 1,	DIRECTOR	Maryland Baltimore 10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
an. ransit pern	FUNERAL	100. STREET AND NUMBER 2822 Mayfield Avenue	101. ZIP CODE 21204		U.S.A.	WHAT COUNTRY?
AND 21215-0020 the hospital or attending physician. detached for use as the burial-tranonce.	B⊀	1 Never Married 2 Married FORCES? 1 YES 22NO If yes	DECENDENT OF HISPANI I, specify Cuban, Maxican YES ZONO Specify:		or No— 14. RAC Blac Spec	E - American Indian, ck, White, atc. city: White
YLAND 2121(by the hospital or attention be detached for use an at once.	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) N/A Specify only highest grade completed) College (1-4 or 5 +) N/A Homemaker	ATION most of working	16b. KIND OF BUSI		
_ > % HI		17. FATHER'S NAME (First, Middle, Last)	1	ME (First, Middle, Meiden S		- 5
MAR retained 5 should notified	TO BE	John Forster 190. INFORMANT'S NAME (Type/Print) Fr. J. Michelman S.J. (Nephew) Old St. Jose	eet and Number or Rural R			l- D- 1010
P 20 P		20a. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) MOST HQLY Redeem	N (Name of	DATE 20c, LOC	ATION — City or T	la, Pa. 1910 own, State Marryland
ALT death. funera		21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME SChi	E AND ADDRESS OF FAC MUNCK Func	eral Homes,	Inc.	
aft aft on one		23. PART i. Enter the diseases, or complications that caused the seath. Do not enter the sheck, or heart failure. List only one ceuse on sech line.	mode of dying, such	ne, Baltin	ntory arreat,	Approximate
fille ion,		iMMEDIATE CAUSE (Final disease or condition resulting in death) a. UM				Interval Between Onset and Death
8 8 - 9	NOI	Sequentially list conditions, if any, leading to immediate				
certificanding ph Hygiene	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d.	mentin	9		
ORDS that the d ed by the th and Me	EDICAL CI	PART ii. Other algnificant conditions contributing to death but not resulting in the underly	ying ceuse given in F	Part I. 24s. WAS AN A PERFORM	AED?	MERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF GAUSE OF DEATHY
111 7 7 7	Σ			-	575701	1 YES 2 NO
VIT, IAN: Th tificate e State or Item	PHYSICIAN:	EXAMINERY 1 VES 2 NO HOSPITAL: 1 Inpution 2 DOA 4 Monthly in the second of the seco	. PLACE OF DEATH (Chec forms 5 Residence 6	TOTAL COLUMN		
O 表 語者 5	ВУ РН	1 Matural ⊆ Pending (Morth, Day, Rear) INJUSTY 2 ☐ Accident Investigation	WORK7 YES 2 NO	28d. DESCRIBE HOW IN.	UN1500-1-11-1-1-15-15-15-15-15-15-15-15-15-15-	
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is man	ETED	3 Suicide 6 Could not be determined 26e. PLACE OF INJUST - At home, term, street, fectory, or building, etc. (Specify)		28f. LOCATION (Street an City or Youn, State)		Route Mumber
= 24 F	COMPLET	(Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)				x) and manner as stated.
HOSPH TOSTHE FUNER DE filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29 LICENSE NUM	PER OH	29d. DATE SIGNED	(Month, Day, Year)
	-		y Valley	RD To	15an /	nd 21204
n		31. DATE FILED (Month, Day, Year) 32. RECHAPTER SIGNATURE ALLO STRUMBAN DOWN OF THE STRUMB DOWN OF THE STRUMB DOWN OF THE STRUMB DOWN			7	

	FOR
١.,	STATE
	REGISTRAR

1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF			MENTA				
1. DECEDENT'S NAME (First, Middle, Last)		JEMIN 1	CAIL O	I DEAI	-	2 DATE	REG. NO.			3. TIME OF DEATH
James A. Ost	endorf					MONT 8			YEAR	
	SEX 8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	R IF UNDER	24 HRS.		OF BIRTH		93	0745am M
215-03-8309	₩2□F 75		MONTHS DAYS		BOTH.	(Mont	h, Day, Year)	- 1	Country)
9a. FACILITY NAME (If not institution, give street	11		9b. CITY, TOW	N OR LOCATIO	ON OF DE		25/18	9c. COUN	_	LAND
	•							SC. COON	IT OF DE	ain
St. Agnes Hospi	tal		B	altir	nore	€				
10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION						10d. INSIDE CITY
Md. Balti	more		CATONS	TLLE						LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE				10g. CITIZ		HAT COUNTRY?
714 Maiden Choi	e e Lane			21228	3			Ţ	J.S.A	Α.
11. MARITAL STATUS 12	2. WAS DECEOUNT EVER IN U.S. FORCES? LA YES 2	ARMED	13. WAS D	ECENDENT O	F HISPAN	VIC ORIGII	N? (Specify Yes o	or No —	14. RACE	— American Indian,
X	IF YES, GIVE WAR OR DATES	NO	If yes,	specify Cuba	n, Mexica	n, Puerto	Rican, atc.)		Black, Specify	White, atc.
3 Widowed 4 Divorced									оросиј	WHITE
15. DECEDENT'S EDUCATI (Specify only highest grade com-		DECEDENT'S U	JSUAL OCCUPA	TION most of workin	0	168	KIND OF BUSI	NESS/INDU	JSTRY	
Elementary/Secondary (0-12) C	Jonege (1-4 of 5+)		ork done during retired.)		•					
	5+	ATTORN	IEY OF	LAW			LAV	J		
17. FATHER'S NAME (First, Middle, Last)							Middle, Maiden Si	-		
HARRY OSTENDORF S	SR.			ELI	ZABE	TH	L'ECUYE	ER		6
19a. INFORMANT'S NAME (Type/Print)							ber, City or Town,			
BEVERLY S. OSTEND	ORF	715 N	AI DEN	CHOIC	E LA	NE C	ATONS VI	LLE,	MD.	21228
20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal			FDISPOSITION			OAT		ATION — C	ity or Tow	rn, State
4 Donation 5 Other (Specify)	MD."	VETERA	NS CEM	ETERY	8/	9/93	OWIN	NGS M	ILLS	, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME	AND ADDRES	S OF FA	SEET	I. C. WI	TZKE	FIN	ERAL HOMES
K. Caril	11/1/						. CATON			
23. PART I. Enter the diseases, or com	polications that caused the	death Do no							-	
shock, or haert failure. List	t only one cause on each li	ina.	or enter the r	noue or dyn	ng, suci	n ss can	plac or respira	itory sire	s τ,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	0									Onset and Death
resulting in death)	Preumon, a									
	OUE TO (OR AS A CONS	SEOUENCE OF));							
Sequentially list conditions, b	DUE TO (OR AS A CONS									
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A CONS	SECUENCE OF	:							
CAUSE (Disease or Injury c. — that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF								-
resulting in death) LAST	(0.000)									i I
d										1
PART II. Other significent conditions co	ontributing to deeth but no	t recuiting in	the underly	ing ceuse g	iven in	Part i.	24a. WAS AN A			WERE AUTOPSY FINDINGS
							PERFORM		1 1	MAILABLE PRIOR TO COMPLETION DF CAUSE
						_				OF DEATH?
										1 123 2 NO
25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DE	ATH (C)	eck onlv ~	ne)			
	OSPITAL: Inpatient 2 ER/Outpatient		OTHER:							
27. MANNER OF OEATH	26s. DATE OF INJURY	26b. TIME	4 Nursing Ho	NJURY AT	#IGENCA		r (Specify) SCRIBE HOW INJ	HIBY OCC	IRED	
1 Natural 5 Pending	(Month, Day, Year)	INJU	RY	WORK?	No.	-ou. DE3	FOR THE PARTY	JAN OUCL	PULL	
2 Accident Investigation 3 Suicide 6 Could get by	26s. PLACE OF INJURY — At	home farm ~			, 110	284 1 00	ATION (Charter)	of Alicenter	0	uto Mumba-
4 Homicide 6 Could not be	building, atc. (Specify)	rantiti, SE	, rectory, or		ŀ	City	ATION (Street and or Town, Stete)	u NUMBER O	# MURIT HO	vie Numbel,
29a. CERTIFIER									_	
(Check only	N: To the best of my knowledge,									
Z MEDICAL EXAMINER: O	In the basis of examination and/o	or investigation	, in my opinion	, death occure	ed at the	time, date	and place, and	dua to the	cause(s)	end manner es stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	Q. S.			29c. LICE	NSE NUM	IBER	2	29d. DATE	SIGNED	Month, Day, Year)
Juan M	Shots M	9		De	12	67.	8	P (g)	15/0	73
30. NAME AND ADDRESS OF PERSON WHO CO				e La	. (afa	with	,	MP	21228
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE						3 4			-20

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020	124 hours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIF	CATE (OF DEATH		REG. NO.	_			
1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	TE OF DEATH		70.154	3. TIME OF DEA	тн
PAULINE				P	TT	8 0) D		93	2:10	A .M
4. SOCIAL SECURITY NUMBER 242-54-5661	5. SEX	6. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER 1 YE	AR IF UNDER 24 HRS	(Mo	E OF BIRTH ofth, Day, Year) 2-25-2	25	Countr	IPLACE (State or F y) C	Foreign
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION OF		2-23-2		INTY OF D		1
975 ELLICOTT I				BALT	CIMORE C	ITY					
10a. STATE 10b. COUNT	Υ			alto	OCATION					10d. INSIDE CIT LIMITS? 1x YES 2	
10e. STREET AND NUMBER				<u> </u>	101. ZIP CODE			10a, CIT	IZEN OF W	WHAT COUNTRY?	NO
2903 Keywor	th Ave				21215				.S.A		
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI	RMED	13. WAS	DECENDENT OF HISE	ANIC ORIG	ilN? (Specify Yea	or No-	14. RACE	— American Ind	ien,
1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	NO		s, specify Cuban, Max YES 25 NO Spe		o Hican, atc.)		Specia		
15. DECEDENT'S EDU (Specify only highest grad	CATION completed)			USUAL OCCU	PATION g most of working	10	6b. KIND OF BUS	INESS/INI	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +	life	. Do NOT us	retired.)	g most or working						
3rd											
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First	, Middle, Maiden	Sumame)			
	<u>William</u>				Mary	Ε.	Fre	ema	n		
19e. INFORMANT'S NAME (Type/Print)					eet and Number or Run						***
	EALY		<u>8520</u>		rvard (CT.					985
20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Ren	ioval from Stata	comoton, or		F DISPOSITION her place)					City or To		
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Arli	ngtor	n Nat	ional Ce	≥m8/	12/93	Arl	ingt	on, Va	<u> </u>
► 3/ser	e Edm	Dro			rch F/H-		+ 4200	T.7 -	1 1-		
23. PART I. Enter the diseases, or	complications that	coused the de	eath Do n							Ave	
shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	С,	OR AS A CONSE									
PART II. Other significent condition	s contributing to	deeth but not i	resulting in	the under	ying ceuse given i	n Part I.	24s. WAS AN		24b.	WERE AUTOPSY F	
							t TYES 2	XIX00		AVAILABLE PRIOR COMPLETION OF OF OF DEATH?	
							INQU:	IRY		1 YES 2	NO
25. WAS CASE REFERRED TO MEDICAL				20	B. PLACE OF OEATH (Thook only					
EXAMINER?	HOSPITAL:	FR/Outpatient 3	1 DOA	OTHER:							
27. MANNER OF OEATH	28a. DATE OF	INJURY	28b. TIME	OF 28c	Home 5 X Rasidence	1		LIURY OC	CUREO		
1 Netural 5 Pending 2 Accident Investigation	(Month, Da	ry, Year)	INJL	IRY	WORK?	200.00	28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building, a	FINJURY — At ho mc. (Specify)	oma, farm, st	reet, factory,	office	281, LO City	CATION (Street as y or Town, State)	nd Number	or Rural R	oute Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS					data and place, and di					and manner as a	teted
366 SHOWNSTURE AND TYTLE OF CERTIFIE	1. M	1	1		29c. LICENSE N		1			(Month, Day, Year)	
30. NAME AND ADDRESS OF RUISON WI	COMPLETED CAUSE	A CHATHAT	/	Onint	0.C.	М.Е.			-6-		
MARIO F.GOLLE	JR.MD.	111			eet, Ba	ltim	ore, N	Mary	land	d 212	01
31. DATE FILEO (Morrin, Day, Year) AIIG 1 0 1993	Achie Buil	'S SIGNATURE	AL.								

17.1.15

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page S should be detached for use as the burial-train be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremonal, encound. IMPORTANT: If them 28 is marked, or Item 23 shows any injury on other traumatic exempt the market as a second or item 23 shows any injury or other traumatic exempt.	The control of the co							
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL				HEALTH F DEAT		MENTA	AL HYGIEN REG. NO		3	23079
х	1. DECEDENT'S NAME (First, Middle, Last) HERBERT DEWITT	PINCKNEY						MON	E OF DEATH	1	YEAR	3. TIME OF DEATH
1 3	4. SOCIAL SECURITY NUMBER		(In yrs. last birtho	my) IF UND	ER 1 YEAR			7. DATE	E OF BIRTH oth, Day, Year)		8. BIRTH	IPLACE (State or Foreign
	577 22 3248	1 xx x 2 □ F 78	YR	S. WONTH	DAYS	HOURS	MIN.	NOA	13,191	4		Jersey
œ	9a. FACILITY NAME (If not institution, give s	treet and number)		-		OR LOCATION	ON OF D	EATH		9c. COU	INTY OF D	EATH
5	Sams Nursing Home			L	othia	an				AAC	0	
DIRECTOR	10a. STATE 10b. COUNTY	1	10c.	CITY, TOWN	OR LOC	ATION						10d. INSIDE CITY
ā	Md AACo		L	othia	n							LIMITS?
AL	10e. STREET AND NUMBER				1	IOI. ZIP CODI	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
빌	380 Marlboro Ro					20764	ł			US	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 7 YES IF YES, GIVE WAR OR D	2 NO	1:	If yes,	ECENDENT Of the specify Cuba SAT NO	n, Maxica	in, Puerto	N? (Specify Yes Rican, etc.)	or No—	Black	E — American Indian, k, Whita, etc. My: White
6	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDEN	T'S USUAL	OCCUPAT	TION		16	b. KIND OF BUS	SINESS/INI	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NO	of work don T use retired	e during r !.)	nost of workin	ng .					
M M	12		Bank	ing					Bankir	ng		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	HER'S NA	ME (First,	Middle, Maiden	Surname)		
BE	Herbert DeWitt Pi	nckney							a Edfe			
2	19a. INFORMANT'S NAME (Type/Print) Carol Morrison								nber City or Town			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Remo		PLACEANDDA	TEOF DISPO	OSITION (,	1			City or To	
	4 Donation 5 Other (Specify)	0011	etery, crematory Zion			nu		8/9	/93 Lot	thian	, Md	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22	. NAME	AND ADDRES		CILITY				
	- Thomas D	Hardestea		1	arde 2 Ri	sty F	uner	al l	Home PA	A Md	21/10	.1
	23. PART i. Enter the diseases, or o	omplications that coused	the death. D	o not ente	er tha m	ode of dyi	ng, suc	h se car	diac or respi	ratory an	rest.	Approximata
	shock, or haert failure.	List only one cause on e	ach line.			,				,	,	interval Between Onset and Death
-	disease or condition resulting in death)	Condia	pul	u n	40	. 6	m.	w				Citati and Death
	resulting in death)	OUE TO (OR AS	CONSEQUENC	OF):	1	-		1000				-
Z	Sequentially list conditions,	. netna	refri	Carl	in	3 600	w	0				-
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):	1	101	1	1. +		/		
2	CAUSE (Disease or injury	DUE TO (OR AS A	fer	AV	(1	un	roc	yu	nos	ru	re	7
Ē	that initiated events resulting in death) LAST	DOENO (OR AS A	CONSEQUENC	: OF):			1					
8		J										
	PART II. Other significant condition	s contributing to death b	ut not resuitie	g in the u	ınderiyi	ng ceuse g	iven in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä												OF DEATH?
ž												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LOGDIYA				PLACE OF OF	EATH (Che	ick only o	ne)			
Š	1 TES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp	atlent 3 🗆 DO	OTHE		me 5 🗆 Ras	sidence	8 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b.	IME OF	28c. IN	IJURY AT	П	28d. DE	SCRIBE HOW IF	JURY OC	CUREO	
B	1 Natural 5 Pending 2 Accident Investigation			М	1 🗆	YES 2	NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	At home, fan	n, street, fa	ctory, offi	ca		28f. LOC City	CATION (Street a or Town, State)	nd Number	or Rural A	ioute Number,
٦	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	edge, death con	urned at the	time det	e and slee-	and the	to the se				
N N		R: On the basis of exemination										and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	,			,				Total Prince, 819			
R	topodo 1	Mer.	XM.	1		29c. LICE) 12	2 L	,	29d, DAT	E SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	~ run	1101	5 -		100	x 1)	X		- 0	10/	1

31. DATE FILED (Month, Day, Year)
AUG 1 0 1993

HEGISTRAR'S SIGNATURE

and made in the

	FOR
1	STATE
•	REGISTRAR

Pages 1, 2, 3 should

	Margarez	te	Presi	ley			2. DATE OF DEA	OPY S	3 YEAR	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 213-20-8064	5. SEX	8. AGE (In yrs. last bir	YRS. IF UND	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT (Month, Duy, Y 03 0/		8. BIRTH Country	PLACE (State or Foreign			
Greenery Nursin			9b. CITY, TOWN OR LOCATION OF DEATH Baltimore						9c. COUNTY OF DEATH				
RESIDENCE OF DECEDENT 10e. STATE 10b. COUP	NTY	1	10c. CITY, TOWN OR LOCATION Baltimore					10d. INSIDE CI LIMITS?					
100. STREET AND NUMBER 201 No Broadway.	Apt. 8-P		101. ZIP CODE 2/23/					1 1 10 YES 2 1 NO 10g. CITIZEN OF WHAT COUNTRY? US.A.A.					
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced			D 13		cify Cubin		C ORIGIN? (Spec , Puerlo Ricen, el		14. RACE	- American Indian, While, etc.			
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		(Give I	DENT'S USUAL kind of work done NOT use retired.	during mo	st of workin	g	16b. KIND (OF BUSINESS/II	NDUSTRY				
17. FATHER'S NAME (First, Middle, Last)		Mc Neel	- 0	7070 (0	_	IER'S NAM	E (First, Middle, N	faiden Surname)					
190. INFORMANT'S NAME (Type/Print) Sandra Wetzel		19b. M	AILING ADDRE	ss (Street a	Stre	or Aural Ac	oute Number, City	or Town, State, 2	Zip Code)				
20e. METHOD OF DISPOSITION 1 Deuriel 2 Cremation 3 Re 4 Donalion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		20b. PLACE AND cometery, cremetery	aven	emori	al P		8-12-93		Burri				
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. META:	OH AS A CONSEQUE	NCE OF):	Mous	CEU	CA	RCINOM	A DF E	SLADD	Interval Betwoonset and Dr			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) I AST	c	OR AS A CONSEQUE											
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEQUE	INCE OF):				PI	AS AN AUTOPS ERFORMED? YES 2 NO	Y 24b.	AVAILABLE PRIOR TO			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	d. DUE TO	death but not resu	INCE OF):	26. PL	ACE OF D	EATH (Chec	Pi 1 🗆 Y	res 2 No	Y 24b.	COMPLETION OF CAUS OF DEATH?			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the condi	DUE TO	OR AS A CONSEQUE death but not resu HT REA	DOA OTHE OF INJURY M	28. PL ER: ursing Hom 28c. JNJ WO 11	ACE OF DI	EATH (Chec	1 _ 1	PRES 2 NO	CCURED	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			

AUG 1 0 1993

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burne be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal. cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0029

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	j.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
15-0020	ending physicia	as the burial-tn
AND 212	e hospital or aft	stached for use
MARYL	retained by th	5 should be d
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	ıral director, page
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Pa	ral di		iner
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TO THE HOST WILL PAIN BOING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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/. / A	ADV (R	DA	700				2. DATE OF DEA	DAY	YEAR	3. GHEVE VEAL	
4. SOCIAL SECURITY NUM	BER I	5. SEX	8. AGE (In yrs. les	at historius)	IF UNDER 1 YEAR	IF UNDER	24 MMC	August		100000	HPLACE (State or Foreig	
162-14-8735		1 □ M 2 XX			MONTHS DAYS	HOURS	MIN.	(Month, Day, Ye	ar)	Coun	try)	
9a. FACILITY NAME (If not in			76	77,6.	OR LOCATIO	201 05 05	May 4,		M11	nesota		
								AITI				
Northwest H	OSPICAL CEDENT	Lenter			Rand	allst	own		В	altimo	re County	
10e, STATE	10b. COUNTY			10c. CITY	TOWN OR LOC	ATION		10d. INSIL				
Maryland	Balti	imore Co.		Lo	chearn						1 TES 2 NO	
10e. STREET AND NUMBER					1	Of. ZIP COOE			10g.	CITIZEN OF	WHAT COUNTRY?	
6825 Campfi	eld Rd.	Apt 8H				21207				USA		
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1						IC ORIGIN? (Speci		- 14. RAC	E — American Indian, ck, White, alc.	
1 Never Married 2 2 3 X Widowed 4 Div	200	IF YES, GIVE WA				S 2 X NO			c.)	Spec	offy:	
	1	1710M	1.0.00		1						White	
(Specify on	by highest grade o	completed)	(G		JSUAL OCCUPAT ork done during n retired.)		g	16b. KIND 0	F BUSINESS	NDUSTRY		
Elementary/Secondary (College (1-4 or 5+)		nemake								
17. FATNER'S NAME (First, A		years	I HOT	iemake	er	I 18 MOTH	IED'S NA	ME (First, Middle, M	Inidan Suma	mel		
Iver Ivers								HE 10-43-11-	arueri Surrillif	(III)		
19a. INFORMANT'S NAME (10	6. MAILING	AODRESS (Street			Jensen	or Town Cons	Zin Codel		
Mr. David C								Burnie		2106	1	
20a. METHOD OF DISPOSIT					F DISPOSITION //		GTell			N — City or T		
1 CBurial 2 Cremati 4 Donation 5 Othe		val from State	cometery cre	matory or oth			0 1	1				
21. SIGNATURE DE FUNERA		NSEE	Lake	VIEW		NO ADDRES			ykes	ville,	riD	
John	VX	202			Lori	ng By	ers	Funeral	Direc	ctors,	Inc.	
1000	~ ~	7- 0			8728	Liber	rty	Rd. Rai	ndalls	stown,	MD 2113	
23. PART i. Enter the dahock, or h	liseases, or co laart failure. L	iet only one caus	ceused the de e on each line	eath. Do no e.	ot entar tha m	ode of dyl	ng, suct	n as cerdiec or	reapiratory	/ arreat,	Approximate interval Betw	
IMMEDIATE CAUSE (Fi	nei	1-1	1		1 -1	1	1	1			Onset and D	
resulting in death)	→ .	_Mul	e mi	10 Cev	recu	m	lur	ellen				
		S IO G	OR AS A CONSE	1/):	, /	D.	sociat		1.1	1607	
	. b.	DUE TO (OR AS A CONSE	MULLE DE	runca	1	VIJ.	JOCIUT)	09 -	tod	ay(8-1-	
Sequentially list condi-		202 10 10	on As A CONSE	OULIVEE OF	,							
if any, leeding to imme	diete										-	
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inje	diete ING	DUE TO (C	OR AS A CONSE	DUENCE OF):							
if any, leeding to imme	ring ury c.	DUE TO (C	OR AS A CONSE	OUENCE OF):							
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in deeth) LAS	ordiete FING ury G	•										
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	ordiete FING ury G	•				ng cause g	jiven in i		AS AN AUTO			
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in deeth) LAS	ordiete FING ury G	•				ng cause g	jiven in i	PE			AMAJLABLE PRIOR TO	
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in deeth) LAS	ordiete FING ury G	•				ng cause g	jiven in i	PE	RFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
if any, leeding to immecause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in deeth) LAS PART II. Other algnific	onditions	•				ng cause g	given in I	PE	RFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAU	
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in deeth) LAS	ent conditions	contributing to d		resulting in	n the underlyl	ng cause g		1 _ Y	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in deeth) LAS PART II. Other aignifications of the cause of t	ent conditions	Contributing to d	leeth but not i	recuiting in	26.1 OTHER:	PLACE OF DE	EATN (Che	1 _ Y	ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Injuted initiated events resulting in deeth) LAS PART II. Other aignifications of the cause of th	ent conditions	contributing to d	leeth but not i	recuiting in	26. OTHER: 4 Nursing No	PLACE OF DE	EATN (Che	1 TY	ES 2 NO	0	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Injuted initiated events resulting in deeth) LAS PART II. Other aignifications of the cause of th	ent conditions	HOSPITAL: 1 Inpetiant 2 28s. OATE OF II	ER/Outpatient 3	DOA 200. TIME	26. OTHER: 4 Nursing No RP 28c. If RP W	PLACE OF DE	EATN (Che	PE 1 Y	RFORMED? ES 2 NO	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Injuted initiated events resulting in deeth) LAS PART II. Other aignification of the cause of the	ent conditions TO MEDICAL Pending Investigation Could not be	HOSPITAL: 1 Inpatient 2 28a. OATE OF II	ER/Outpatient 3	DOA 200. TIME	26. OTHER: 4 Nursing No	PLACE OF DE	EATN (Che	PE 1 V	ES 2 NO	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Injuted in the initiated events resulting in deeth) LAS PART II. Other algnific. 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Accident 3 Suicide 8 Nomicide	on MEDICAL Pending Investigation	HOSPITAL: 1 Inpatient 2 28a. OATE OF II	ER/Outpatient 3 NJURY ; Year) INJURY — At he	DOA 200. TIME	26. OTHER: 4 Nursing No RP 28c. If RP W	PLACE OF DE	EATN (Che	PE 1 Y	ES 2 NO	OCCURED	COMPLETION OF CAU	
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inj. that initiated events resulting in deeth) LAS PART II. Other aignific: 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 6 Nomicide 20. CERTIFIED	ent conditions TO MEDICAL Pending Investigation Could not be detarmined	HOSPITAL: 1 Inpatient 2 28a. OATE OF II	ER/Outpatient 3 NJURY 'Year') INJURY — At hote, (Specify)	DOA 26b. TiME INJU	26. OTHER: 4 Nursing No OF 26c. IP MY M 1 Ireet, factory, off	PLACE OF DE	EATN (Che	PE 1 Y 1 Y 1 OTHER (Specif) 28d. DESCRIBE N 28f. LOCATION (S City or Town,	PERFORMED? ES 2 NO NO NO NO NO NO NO NO NO NO	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	

MD 21133

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FOR STATE REGISTRAR

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VII AL MECONDS, P.O. BOA 60/ 00/	certificate
5	death
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	The
5	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
	STENDING

2)1	1. DECEDENT'S NAME (First	R. Middle, Lest)	NN FA	i+b Ma	ry Qui	nn		2. DATE OF DEATH						3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX		rs. lest birthdey)		R 1 YEAR	IF UNDE	7 24 HRS.	7. DATE OF BIRTH			. BIRTHE	PLACE (State or Foreign
	212-30-0661		1 🗆 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	July	6. 19		Country	land
1	9a. FACILITY NAME (If not in	natitution, give :	street end number)			9b. CIT	Y, TOWN	OR LOCAT	ON OF D		1	9c. COUNT		
CTOR	Good Samari	tan Ho	spital			Ва	lti	more						
ក្ត	RESIDENCE OF DEC	10b. COUNT			1 40 - 01	TY, TOWN								
DIRE	Maryland		•			ltim		ATION						10d. INSIDE CITY LIMITS? 1 XYES 2 NO
ERAL	10s. STREET AND NUMBER							of. ZIP COD				-		HAT COUNTRY?
Ĭ	6203 Walther	r Aven							21206 U.S.A. ENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14, RACE — Ameri					
LOZ D	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	X 100	13.	WAS DE	ECENDENT (OF HISPAI In, Mexica	NIC ORIGIN? (9 un, Puerto Rica	Specify Yes o in, etc.)	r No- 1	4. RACE Black,	- American Indian, White, etc.
	3 ☑ Widowed 4 □ Dive		IF YES, GIVE V	WAR OR DATE:	3		1 YE	s s X Mo	Specif	y:			Specify	White
		EDENT'S EDU		16.	a. DECEDENT				na	16b. Kil	ND OF BUSI	NESS/INDU	STRY	
	Elementary/Secondary (I	0-12)	College (1-4 or 5		Ille. Do NOT	use retired.)	44.00			QL.		-711	D	
THIO O	N/A		N/A		Secret	ary							Dep	artment
3	17. FATHER'S NAME (First, M									ME (First, Midd		umame)		
4	Joseph McCa:									inknown				
2	Paul W. Qui		n)							Route Number, SeVe			-	21146
	20a. METHOD OF DISPOSIT 1 St Burial 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	noval from State		ACE AND DATE					8/1]		timo		m, State Maryland
	1 St Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES							SS OF FA		1	CINO		rary rana	
	23. PART I. Enter the d	TA	Bod	Del	ha		333	l Bre	hms	neral Lane,	Balti	more	, Md	1. 21213
	iMMEDIATE CAUSE (Fit disease or condition resulting in death)	nel -	a. DUE TO	(OR AS A CO	ralda L) OF):	pn	uhm	onl	h.				Interval Betwee
	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	diate ING Iry	c		NSEQUENCE (
	resulting in death) LAS		d		_									
MEDICAL C	PART II. Other significa	Dev	ms contributing to	death but i	not resulting	in the u	nderiyi	ng cause	given in		e. WAS AN A PERFORM	ED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
													1	
AN	25. WAS CASE REFERRED T	O MEDICAL					28. 1	PLACE OF E	EATH (Ch	eck only one)				
200	1 YES 2 NO		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE 4 Nu		me 5 🗆 R	esidence	6 Other (S	pecify)			
	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TI		28c. IN	JURY AT		28d. DESCR		JURY OCCU	RED	
		Pending Investigation	,,,,,,,,,,			M		YES 2	NO					
		Could not be determined	28e. PLACE 0 building,	etc. (Specify)	At home, farm,	street, tac	ctory, off	ice		281. LOCATIO City or 1	ON (Street and own, State)	d Number or	r Rural Ro	oute Number,
COMPLE	000)		ICIAN: To the best of ER: On the basis of e											end manner as stated.
u II	296. SIGNATURE AND TITLE	OF CERTIFIE	R ()		2			29c. LIC	ENSE NUI	MBER		29d. DATE S	ŞIĞNEÇ (Month, Day, Year)
	7~	100	ril	n	n. 1)	yle			-			•	8/3	7/4)
2	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAU	SE OF DEATH	ON THE	e, Print)	000	1 Jak	1061	n'hac		Husi	nih	N.
	AUG 10	893	Alle lain	and and are	Page 2	6	_	~	~	26	1	, -/		(

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENS

1;

	1 - STATE REGISTRAR	0.000	CEI	RTIF	ICATE OF	DEAT	H.	REG. N			
	1. DECEOENT'S NAME (First, Middle, Last) RUHL (A)2	221						2. DATE OF DEATH MONTH AUG	DAY	YEAR	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	oktholay)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	0 7	8. BIRTHP	LACE (State or Foreign
	220 30 3734	1X M 2 🗆 F	87	YRS.	MONTHS DAYS	HOURS	MIN.	(Morith, Day, Year)	5	Country)	MD
OR	9a. FACILITY NAME (If not institution, give s				Belto	R LOCATIO	7111.	ATH ATH	9c, COU	ALL S	. <i>C</i> a .
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c CIT	Y, TOWN OR LOCAT	TON					
DIRECTOR	MD	Balto.			Balt						Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	86 L Park	tre			101	ZIP CODE	217		10g. CIT	IZEN OF WH	AT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	FORCES? 1	YES 25 HO	ED	If yes, sp	ecify Cubar	F HISPANI I, Mexican Specify:	IC ORIGIN? (Specify I, Puerto Rican, etc.)	Yes or No-	Black,	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Give life. Do	kind of to NOT us	work done during mose retired.)	st of working	0	16b. KINO OF E	BUSINESS/INC	DUSTRY	
OM	17. FATHER'S NAME (First, Middle, Last)			5 66	vas cec		ER'S NAM	ME (First, Middle, Maid	en Sumame)		
BE C	UNK.						A	VNa	Rut	44	
10	190. INFORMANT'S NAME (Type/Print)	OGIN	19b. I	MAILING	ADORESS (Street a	nd Number	or Rural A	Trimmer, City or 1	1 -	Code)	
	20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Rem	ovat from State	20b. PLACE AN		OF DISPOSITION (Na they place)	me of			LOCATION —		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	mel	no	22. NAME AN	D ADDRES	S OF FAC	7793 13	HHIM	ore,1	nd.
	· Allen	fly	<u></u>		Albe	WT I	الما	638 N	Giln 100tica	non S	ZIZI7
	23. PARTA. Enter the diseases, or a shock, or heart fallure.	complications the	t caused the deat	h. Do r	not enter tha mo	de of dyli	ng, auch	as cardiec or res	piratory an	eat,	Approximate
	IMMEDIATE CAUSE (Finei disease or condition resulting in death)	Ba	thenal	7	meuno	nia.	٠				Interval Between Onset and Death
	,		OR AS A CONSEQUI			. 1	1)			
O	Sequentielly list conditions, if any, leading to immediate		(OR AS A CONSEQUI			(1 un	50				
<u>8</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury		nsesti			far	lin	-			
CERTIFICATION	that initiated events resulting in deeth) LAST		OF AS A CONSEQUE		n: RSA +	1					
	DART II. Other shouldness are dated										1
PHYSICIAN: MEDICAL	PART II. Other significant condition Altahum		deeth but not res	ulting i	in the underlying	ceuse g	iven in F	PERF	ORMED?	A	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO
Ē	7, 610							1 YES	2 NO	0	OMPLETION OF CAUSE
Ž Z								-		'	TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL	ACE OF DE	ATH (Che	ck only one)			
IXSI	1 TYES 2 NO NO	1) Inpatient 2	ER/Outpatient 3		4 - Nursing Hom		idence 8	Other (Specify)			
	1 Natural 5 Pending	28a. DATE OF (Month, D		N/A	URY WO	URY AT RK? 'ES 2	NO	28d. DESCRIBE HOV		CURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	280 PLACE O	F INJURY — At home	_				281. LOCATION (Street	ot and Number	or Rural Rou	ite Number,
ETE	4 Homicide determined	building,	atc. (Specify)	1/4				City or Town, Sta	10) 1/4		
COMPLETED			my knowledge, death								nd manner sa stated,
BE C	296. SIGNATURE AND TITLE OF CERTIFIER					29c, LICEI					fonth, Day, Year)
TO B	Maitras	-ms				248	33	1- MP9761	▶ 8	16/9	3
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	DE OF DEATH (ITEM 2		pt Med	licin	4,	Sinai 1	tosp. 1	54/	Balto MD
3	S/6 AUS 1 0 19	93 Sun	R'S SIGNATURE	Bigd							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

and with the court of

3

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME ERTIFICA				GIENE		4000.
	1. DECEDENT'S NAME (First, Middle, Last)	oberetsor	1			2. DATE OF DI		YEAR	3. TIME OF DEATN
1	240-48-9406 1	SEX 6. AGE (In yrs. les	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	3° 19	6. BIRTH Countr	PLACE (State or Foreign
CTOR .	95. FACILITY NAME (If not institution, give stree Onion MESIDENCE OF DECEDENT	em. Hos	P. 96. C	CITY, TOWN O	BCIK	To.	9c. COU	ITY OF D	EATN
L DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOW	rHe					10d. INSIDE CITY LIMITS? 1 PES 2 NO
FUNERAL	2427 E.	Lanvale &	Stree	4	2121			US	S A
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 F		If yes, spe	ENDENT OF NISPAN ocify Cubern, Maxica 2 NO Specify	n, Puerto Rican,	stc.)	14. RACE Black Speci	American Indien, c, Whita, atc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary (0-12)	npleted) (G	CEDENT'S USUAL free kind of work do. Do NOT use retire	ne during mo	st of working	18b. KIND	of Business/IND	USTRY	oskins
BE CO	17. FATHER'S NAME (First, Middle, Lest) MOLHS M	likerson			16. MOTHER'S NA	ME (First, Middle,	Maiden Surname)	ee	en
10	Pat Cak	ter 191	1819	ESS (Street s	32 N	Number, City	y or Town, State, Zip Keet	Code)	1/2/8
	20a. METNOD OF DISPOSITION 1	from State cemetary cre.	mator of other pla	to) Cl	1. Cer	n.	20c. LOCATION -	lvi	lle, N.C.
	> Jeff N	1. Chek		50	D ADDRESS OF FAC	riller	c #/H	16	39 Ny
CERTIFICATION	23. PART i. Enter the diseases, or come hock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSECUENT OF AS	Leven Course of: Caro Duence of:		arre	St. Alay	r reepiratory arm	eet,	Approximete Interval Between Onest and Death Irmme di afti
4	PART II. Other significant conditions of	ontributing to deeth but not re	esulting in the	underlying	ceuse given in		MAS AN AUTOPSY PERFORMED? YES 2 - NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC		OSPITAL:	DOA 4 1	ER:	ACE OF DEATN (Che		ifv)		
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	IRY AT		NOW INJURY OCC	URED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hos building, stc. (Specify)	me, ferm, atreef, f	sctory, offics		281. LOCATION City or Town	(Street and Number of State)	or Rural R	oute Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, dec on the besis of sxamination end/or in	ath occurred at the	e time, dats ry opinion, de	and placs, and due	to the csuse(s) s	and manner as atate	d. csuse(s)	and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER R. drey	Brooks, M.	0.		29c. LICENSE NUM 10 4 3	4	29d. DATE	SIGNED	(Month, Day, Year)
	Rudney Brook	5, M. D. M	arylan	A Ger	neral	827 Balti	Linde more	mi	Ave. 21201
21	31. DATE FILED (Month) Day, Year)	22. REGISTRAR'S SIGNATURE	all.				,		-

description with the contract of the

1 P P P	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	frer death. Page 6 may be retained by the hospital or attending physician. The form of a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should oval.
4	PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR
29a. C	23. F IMMI diserresu Sequif ana caus CAU: that resu PAR 25. W E 1 1 27. M 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. DE 4. SO 5 7 9e. F. M. MAI 10e. S 11. M. M. M. M. M. M. M. M. M. M. M. M. M.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN			
ij	DECEDENT'S NAME (First, Middle, Last) WTT.	LIE E. ROBINS	ON			2. DATE OF OEATH MONTH	AY	YEAR	. TIME OF OEATH
3	4. SOCIAL SECURITY NUMBER	7		IF UNDER 1 YEAR	IF UNDER 24 HRS.	AUGUST 4	1993		:29 a.m. M
	579-20-9910	1 🗆 M 2 🛣 F	09 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) APRIL 7, 1	924	VIRG	
5	9a. FACILITY NAME (If not institution, give s MONTGOMERY GENER		9	OLNEY	R LOCATION OF D	EATH		TY OF DEA	1
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v					1110111		
		GOMERY		TOWN OR LOCAT	ION			- 1	DIL INSIDE CITY LIMITS? YES 2 ANO
Y.	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	EN OF WN	AT COUNTRY?
	14639 BAUER DRIVE				20853		USA	Δ	
FORCES? 1 YES 2X XNO If yes specify Quisan Maylean Puerto Ricen etc.) Black W									- American Indian, Vhita, atc. VHITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S US (Give kind of wor	k done during ma	N st of working	16b. KIND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	SELF-EMI	retired.)	•	FLEA M	IARKET		
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
	MILLARD HATCHER					BETH WELCH			
5	19a. INFORMANT'S NAME (Type/Print) BETTY R. THOMPSON					Route Number, City or Tov			20777
	20g, METHOD OF DISPOSITION	20h	PLACEAND DATE OF			, HIGHLAND	CATION — C		
	1 X Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		tery crematory or other DAR HILL						RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIN	CEMSINE /	7	22. NAME AN	O ADDRESS OF FA	CILITY FLECK			
	> Lalall	De Voabe	21			RING RD.,			20707
		complications that caused List only one cause of ea	the death. Do not	anter the mo	da of dying, suc	h as cardiac or resp	iratory arre	est,	Approximate Interval Between
1	IMMEDIATE CAUSE (Final disease or condition	READ	A POR	EAL	Line				Onset and Death
	resulting in death)	DUE TO VOR AS A	CONSEQUENCE OF):	00	lure	- 1			10000
5	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	NOGO (CONSEQUENCE OF):	rum	xay Zn	my My sous	Ka		byear
	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
	that initiated events resulting in death) LAST	DUE TO (OR AS A (CONSEQUENCE OF):						
	PART II. Other algnificant condition	as contributing to death bu	t not resulting in	the underlying	Cause alven la	Part I. 24s. WAS AN	AUTOBOV		ERE AUTOPSY FINDINGS
			. Hot rooming in	are originitying	cause given in	PERFO	AMED?	Al-	MILABLE PRIOR TO OMPLETION OF CAUSE
						1 ☐ YES :			F DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 0	26. PL	ACE OF DEATH (Ch	eck only one)			
	1 TYES 2 TO 27. MANNED OF DEATH	1 Inpatient 2 ER/Outpar 28a. DATE OF INJURY	tient 3 DOA 4			8 Other (Specify) 28d. DESCRIBE HOW	IN HIRT OCC	UDEO	
	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	PULNI	Y WO	RK? ES 2 NO	and begoing flow	MOONT OCC	ONED	
	3 Suicide Could not be	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, stre	et, lactory, office		28t. LOCATION (Street City or Town, State,		or Rural Rout	te Number,
	NA OFFICIEN	CIAN. To the best of							
		ICIAN: To the bast of my knowle IR: On the basis of exemination							nd manner as stated.
H	SAL SONATURE AND STLE OF CERTIFIE	01.1	7		29c. LICENSE NUI	ABER	29d. DATE	SIGNED (M	onth, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Time D	int)	0164	58	Ch	94	1990
1	Thomas Dod	a WDI	19046	2508	AAV	- The	4 h	111	2083 2
4	" AUG 1 0 1993	ALICA DELLA SEGNA	ONCLES.						

FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CF	RTIFIC	ATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Mi	iddie, Last)						2. DATE	OF DEATN		VEAD	3. TIME OF DEATH
Clyde Arnold	Ride	nour					Aug	9 1		YEAR	11:15am M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las		F UNDER 1 YEA						PLACE (State or Foreign
236 30 7021		1 X M 2 □ F	68	YRS.	ONTHS DAY		At	of BIRTN h, Day, Year) 1g 5	1925	We	st Virginia
9a, FACILITY NAME (If not instite				9	b. CITY, TOW	N OR LOCATION OF	DEATN		9c. COUN	TY OF DE	EATN
337 Southeast		errace			Essex				Bal	timo	re
RESIDENCE OF DECEI	DENT 0b. COUNTY			I 40° CITY :	TOWN OR LO	CATION					10d. INSIDE CITY
10-200 (10-20)		D - 1 4 4 44	_		_					- 1	LIMITS?
MD		Baltimor	<u>e</u>		Essex						1 YES 2 NO
337 Southea	stern	Terrace				10f. ZIP CODE 21221				zen of w USA	VHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MEO		DECENDENT OF NISI			or No-	14. RACE	— American Indian, r, White, etc.
1 Never Married 2 X Ma 3 Widowed 4 Divorce		FORCES? 1 IF YES, GIVE W	YES 2 N	10		, specify Cuben, Mex YES XXX NO Spe		Rican, etc.)		Specif Whit	lly:
15. DECED	ENT'S EDUC	ATION	16a, DE	CEDENT'S US	UAL OCCUP	ATION	16t	. KINO OF BU	SINESS/IND	USTRY	
(Specify only hi	1	Coffege (1-4 or 5	ille.	Do NOT use i	retired.)	most of working					
8yrs			Mate	erial	Hand1	er		Beth:	lehem	Ste	el
17. FATNER'S NAME (First, Middle	fie, Last)					18. MOTNER'S	NAME (First,	Middle, Maiden	Surname)		
Thomas Mart	in Ri	denour				Mae Ste	evens				
19a. INFORMANT'S NAME (Type	e/Print)		191	b. MAILING A	DDRESS (Stre	et and Number or Rui	ral Route Num	ber, City or Tow	n, State, Zip	Code)	
Betty Jane	Riden	our		337 So	uthea	stern Te	rrace	Balt:	imore	, MD	21221
20a. METNOD OF DISPOSITION			20b. PLACE	OF DISPOSIT	ION (Name of	cemetery, crematory	or		CATION —		
1X Buriel 2 Cremation 4 Donation 5 Other (Sc	3 🗆 Remo	val from State	_ East I		burg,	PA			risbu		
21. 9 GNATURE OF FUNERAL S	SERVICE LICI	ENSEE	. 11			AND ADDRESS OF		T	C 17-		
(%			ald de			elly Fund					
23. PART I. Enter the dise	M C	omplications the	t caused the de	ath Do not		Mace Ave				1221	Approximate
		ist only one cau			direct frie	moda bi dying, a	don de out	dido or rosp	notory and	out,	Interval Between
IMMEDIATE CAUSE (Final disease or condition				11.00 8							Onset and Death
resulting in death)		1,	Q 1	m. 2							
		DUE TO	(OR AS A CONSE	OUENCE OF):							
Sequentially list condition	na.	,	100 40 4 00000	OUGNAG OF							
If any, leading to immedia	ate	DOE 10	(OR AS A CONSE	OUENCE OF):							İ
ceuse. Enter UNDERLYING CAUSE (Disease or Injury		DUE TO	(OR AS A CONSE	OUENOE OF							
that initiated events resulting in death) LAST		DOE 10	(OH AS A CONSE	OUENCE OF):							
		l									
PART II. Other significant	conditions	s contributing to	death but not	resulting in	tha undari	ying cause given	in Part I.	24a. WAS AN		24b.	. WERE AUTOPSY FINDINGS
		-						PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES	2 2		OF DEATH?
											1 YES 2 HO
	uraini. I										
25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL:	Tes entre		THER:	8. PLACE OF OEATN					
1 YES 2 NO		-	ER/Outpetient 3			Home 5 Residen	_				
27. MANNER OF DEATH 1 Natural 5 Pe	andlna	28a. DATE Of (Month, L		28b, TIME INJUI	RY	NJURY AT WORK?	28d. DE	SCRIBE NOW	INJURY OCI	CURED	
	veatigation					YES 2 NO					
	ould not be		OF INJURY — At he , etc. (Specify)	ome, farm, str	eet, factory,	offica		CATION (Street or Town, State		or Rural F	Route Number,
4 Nomicide de	termined										
29a. CERTIFIER 1 CERTIF	YINO PNYSIC	CIAN: To the best of	f my knowledge, de	eath occurred	at the time,	data and place, and	dua to the ca	use(a) and ma	nner as stat	ted.	
enel:	AL EXAMINE	R: On the beels of e	xamination and/or	investigation,	in my opinio	on, death occured at	the time, dat	a and place, a	nd dua to th	re cause(s	a) and manner as stated.
29b. SIGNATURE AND TITLE O	F CERTIFIER					29c. LICENSE	NIIMBER	-	294 DAT	E SIGNED	(Morral, Day, Jear)
W		44				111	3487	7	1	9/0	193
30. NAME AND ADDRESS OF P	PERSON WH	O COMPLETED CAU	SE OF DEATH OTE	M 271 /Time 5	Print)	VII	16/		23 7.6	19	11/
MYO THA	W	9101 F.	RANKLI		7 Dx	, BAL	Tu,	MD.	2123	37	
31. DATE FILED (Month, Day, Ye. AUG 1 0	1993	32 REGISTR	AR'S SIGNATURE	ndette							

3.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 70 burs after death with the 5 state begit, of Health and Merital Hyghers prior to burial, certaindow, or rehoved. The page 6 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 7 burs after death with the 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 7 burs after death with the 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 7 burial-transit permit. Pages 1, 2, 3 should be referred by the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be supplied by the page 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
of Hells to shows and mightly, or other naument event, the montest statings [High] he hold

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			PERIT	CALE	UF	DEALL	П		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) DANIEL			SWIGON			OMBNTH OF DAY - OF YEAR			3. TIME OF OEATH 1:40 P			
- Altredalby	4. SOCIAL SECURITY NUMBER 220 – 38 – 6087	5. SEX 1 💢 M 2 🗌 F	8. AGE (In yrs. 5]		IF UNDER 1	YEAR DAYS	IF UNDER 24	HRS.		F BIRTH Day, Year)		a. BIRTHI Country	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give street and number) UNIVERSITY HOSPITAL S.T.U.				96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT BALTIMORE CITY.					CYLAND EATH			
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY												
- DIRECTOR	Maryland Baltimore			10c. CITY, TOWN OR LOCATION 21222								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2120 Jasmine F	Road		101. ZIP CODE 21222			2			J.S.	HAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Wearried 3 Widowed 4 Olvored 12. WAS DECEDENT EVER IF FORCES? 1 YES VIE CINAM E			NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black,				- American Indian, White, atc. White					
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)			OECEDENT'S (Give kind of with the Do NOT us	USUAL OC	CUPATIO	ON est of working		16b. I	KIND OF BUS	INESS/IND	USTRY	
7	College (1-4 or 5 +)			Employee						C&P Telephone (e Company	
5	17. FATHER'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·					18. MOTHE	R'S NAM		ddle, Maiden S			
BE	Raymond J.			wigor			Jos				F	Piec	howiak
2	Patricia A. Sw	2	19b. MAILING 2120	Jasm	ine	Roa	d B	Balt:	imore	, State, Zip	code) aryl	and 21222	
	204 METHOD OF DISPOSITION 11 Burtal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State STORY HITTS Cemetery 8-9-93 Baltimore, Maryl						e, Maryla				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			JOSEPH N. ZANNINO JR. FUNERAL HOME 263 S. CONKLING ST. BALTO. MD. 212									
CERTIFICATION								Interval Between Onset end Daeth					
	PART II. Other significant conditions	esulting in death) LAST											
PRISICIAN: MEDICAL	PART II. Other aigniticent conditions contributing to deeth but not resulting				in the ono	ariying	g ceuse giv	en in P		24a. WAS AN A PERFORM 1 YES 2	AED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH? 1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
<i>i</i>	1 TYES 2 NO	1 Inpetient 2 -		3 🗆 DOA			e 5 🗌 Resid	dence 8	Other	(Specify)			
	27. MANNER OF DÊATH 1 Netural 5 Pending 2 X Accident Investigation	1 28a. DATE OF I (Month, Da) 07/22	(Year)	28b. TIME INJI 10:0	JRY	WO	URY AT RK? /ES 2		28d. DESC SUBJ	ECT	JURY OCC FELL		
	3 Suicide a Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify, 4 2 9 EAST			homa, farm, a LAKE					281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BALTIMORE CITY			oute Number,	
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 X MEDICAL EXAMINER: On the beals of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
296. SIGNATURE AND TITLE OF CENTIFIER O. C. M. E.						29d. DATE	SIGNED (Month, Day, Year) 6 / 1993					
	DENNIS CHUTE M.D. 111 Penn Street, Baltimore, Maryland 21201												
5	AUG 1 0 1993	32 REGISTRAR	'S SIGNATURE	middle							-		-

and the same of th

office and a second sec

BALTIMORE, MARYLAND 21215-0020

ITEMS: 23 PART I, 27, PER MEO FILM G-702 8/30/93 t.t

23088 93

	1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPAR CERTIF	TMENT OF H	EALTH AND MI	ENTAL HYGIEN		20000		
	DECEDENT'S NAME (First, Middle, Lest) DANA			SCRIBE		2. DATE OF DEATH	199 ^r	3. TIME OF DEATH 7:54 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	DATE OF BIRTH (Month, Day, Year) 05-11-93		BIRTHPLACE (State or Foreign Country) ALTIMORE. MD		
OR	98. FACILITY NAME (If not institution, give HARBOR HOSPITA			9b. CITY, TOWN C	OR LOCATION OF DEAT	Н	9c. COUNTY			
DIRECTOR	MARYLAND	TY .		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER	100. STREET AND NUMBER 2426 maisel ct.			ZIP COOE		109. CITIZEN OF WHAT COUNTRY? UNITED STATES			
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 V NO	If yes, spi	ENDENT OF HISPANIC celty Cuben, Mexican, 2 NO Specify:	ORIGIN? (Specify Yea Puerto Rican, atc.)	or No 14.	RACE — American Indian, Black, White, stc. Specify: BLACK		
COMPLETED	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us		DN st of working	16b. KIND OF BUS				
BE CON	17. FATHER'S NAME (First, Middle, Lest) DAVEN DOUGLAS	S				First, Middle, Melden				
TO B	190. INFORMANT'S NAME (Type/Print) CHRISTINA SCR	IBER	196. MAILINO 2426	AODRESS (Street al	L CT. ba	ite Number, City or Town	n, State, Zip Co	^{de)} 21225		
	20e. METHOO OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State	20b. PLACE AND DATE Commeterly of or	DE CHEROSITION /No.	me of	0ATE 20c. LO	CATION — City	or Town, State		
	21. SIGNATURE OF FÉNERAL SERVICE U	V XDLI	1110	WM.	C. MARCH	лу I FH. 11	01 F	NORTH AVE		
	23. PARY Lenis the Universe, or sheek, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. SUDDEN INFAN	aach line.	ot antar the mod	da of dying, such a	as cerdiac or reapi	retory arreat	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c									
ERTIF	that initiated events resulting in death) LAST d.									
CAL	PART ii. Other algnificent condition	ns contributing to death	but not resulting i	n tha underlying	ceuse given in Pa	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 \(\subseteq \text{ NO} \)	HOSPITAL:	utpetient 3 XDOA	OTHER:	ACE OF DEATH (Check					
ВУ РНУ	27. MANNER OF DEATH 1 Actives 5 Pending Investigation	28e. DATE OF INJUR , (Month, Day, Year	Y 28b. TIME	OF 28c. INJU	JRY AT 21	8d. DESCRIBE HOW II	JURY OCCUR	EO		
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						nd Number or F	Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of my kno ER: On the besis of examine	owledga, death occurre	d at the time, date	and place, and due to eath occured at the tim	the cause(s) and man	ner so stated. I due to the ca	use(a) and manner as stated.		
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIE		29c. LICENSE NUMBER O. C. M. E.			29d. DATE SIGNED (Month, Day, Year) • 08/06/1993				
-	MARLO F GO	O COMPLETED CAUSE OF			Baltimo	ore, Mar	yland	21201		
	AUG 1 0 1993	12. HOISTHAN'S SH	BANA CO	F						

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	1 - STATE REGISTRAR	OINIE OI IIII		ICATE OF		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	W YEAR	3. TIME OF DEATH			
	ROBERT	L.	17.4	SMITH		8 - 6		M			
	4. SOCIAL SECURITY NUMBER	5. SEX (3. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. Bigg	THPLACE (State or Foreign			
	212-24-3698	1 🔯 M 2 🗆 F	61 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-23-31	L BÁĽ	TIMORE, MD			
1	9a. FACILITY NAME (If not institution, give stre	(If not institution, give street and number)			OR LOCATION OF		9c. COUNTY OF				
R	033 CENTIDAL AVENUE										
DIRECTOR	933 CENTRAL AVENUE			BALTI							
분	10a. STATE 10b. COUNTY			Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?			
	MARYLAND		BA	LTIMOR				1X YES 2 NO			
₹ N	10e. STREET AND NUMBER		1	21 2 0 2			WHAT COUNTRY?				
FUNERAL							UNITE	D STATES			
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. AF					ANIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14. RAI	CE — American Indian, ck, White, etc.			
BY	3 Widowed 4 Olvorced IF YES, GIVE WAR OR DATES				S 2 NO Spec		RSpor	ACK			
	15. OECEDENT'S EDUCA			CEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY							
	(Specify only highest grade or	impleted)	(Give kind of life. Do NOT us	work done during n	nost of working	160, KINO OF BUI	SINESS/INDUSTRY				
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		HORE S	HIP TRA	DE					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		120114			AME (First, Middle, Malden	Sumamal				
	JAMES BROOKS				VICTOR		ourname,				
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		I Route Number, City or Tow	n State Zin Code)				
٤	THELMA SMITH		933 N					MD 21202			
	20a. METHOO OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (lame of		CATION — City or				
	1 X Burial 2 Cremation 3 Remov	al from State	GARRIS	ON FOR	EST VA	8-11 OW	INGS MI	LLS, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ISEE.			AND ADDRESS OF F						
	Kingt	to 1	5. Chank	TATIM C	MADOU D	II /1101 E	MODERI A	3.COMITTO			
-	23. PART I. Enter the diseases, or co	molicetions that	1 Jorce			H./1101 E.					
	ahock, or heart fallure. Li	at only one cous	on each line.	TOT GIRGI LITO III	ous or aying, ea	cir aa cordiac or reap	ratory arreat,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	CAI	VCIER A	ZTU	E - 1 11	NIC		6 months			
	disease or condition resulting in death) a. CANCER OF THE LUNG OUE TO (OR AS A CONSEQUENCE OF):										
_			o par carres								
0	Sequentially list conditions, If any, leading to immediate b. OUE TO (OR AS A CONSEQUENCE OF):										
8	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events	OUE TO (C	R AS A CONSEQUENCE O	F):							
CERTIFICATION	resulting in death) LAST										
	PART II. Other aignificant conditions	contributing to d	eath but not resulting	In the underlyl	na causa alvea l	n Pert I. 24a, WAS AN	ALTTOREY 1	b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	COPD	outinouting to u	eath but not resulting	iii tile ollooriyi	ing cause given i	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
١٩	PERIOLIE	241 11	ASCILLATE	INICI	IFTICI	1 TYES 2	Deno	OF DEATH?			
Σ	PERIPHERAL VASCULAR INSUFFICIENCY										
A	25. WAS CASE REFERRED TO MEDICAL 28. PLACE DE DEATH (Check control)										
ᄗ	EXAMINER?	HOSPITAL:	5010. Acres - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	OTHER:	PLACE OF DEATH (C						
ξĺ	27. MANNER OF DEATH	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
	Natural 5 Pending	(Month, Day,	Year) IN	URY V	YES 2 NO	100. 0000000000000000000000000000000000	NOTE OF THE PROPERTY OF THE PR	A NEW			
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — At home, farm,			281. LOCATION (Street	and Number or Rure	Poute Number.			
COMPLETED	4 Homicide Homicide	building, at	c. (Specify)			City or Town, State)					
ا لا	29a. CERTIFIER CERTIFYING PHYSICI	29a. CERTIFIER									
₹	21	(Check only 1 De CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
	29b. SIGNATURE AND TYPLE OF CERTIFIER		1/ 1/								
8	Why Ka	nauso	your /	(D.	29c. LICENSE NI	462	A SIGNE	D (Month, Day, Year)			
2	30. NAME AND ADDRESS OF FERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (From Print)										
	MIGUEL KARACUSCHANSKY N.D. 300 B. 331/ST BALTO, MD. 21218										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE										

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
THE HOPPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 5 may be retained by the hospital or attending physician.

TO THE GANERAL OFFICIALS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law reoutres that the death certificate be executed within 24 hours after death. Pane 6 may be retained to the houristal or attending hours.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran- be filed within 72 hours after death with the State Dept. of Health and Mental Hydiens prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ath certifi	tending p	or other
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equires th	en signed of Health	hows an
The law r	te has be	sm 23 s
SICIAN	certifical	d, or Ite
DING PHY	After this death wit	s marke
R ATTEN	IRECTOR:	sm 28 ls
SPITAL 0	NERAL D. hin 72 ho	NT: If It,
O THE HO	O THE FU	MPORTA
-	P- 0	-

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.			
Į.	1. DECEDENT'S NAME (First, Middle, Lest) DOROTHY SPEAR	MAN				2. DATE OF DEATH MONTH DAY	YEAR 93	3. TIME OF DEATH	
	. 1 10 1141	M 2 🖺 F	YRS. MO	UNDER T YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/20/23	8. BIRT Coun	HPLACE (State or Foreign try) TH CAROLINA	
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH 98. COUNTY OF DEATH								
	10a. STATE MARYLAND 10a. STREET AND NUMBER	TARYLAND BALTIMORE						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1333 GLEN WOO	O AVE NUT			ZIR CODE	IC ORIGIN? (Specify Yea or	US	-	
BY	1 Never Married 2 Married	FORCES? 1 TYES FYES, GIVE WAR OR DA	X ⊠NO	If yes, sp	2 No Specify	n, Puerto Rican, etc.)	Spec	E — American Indian, ik, Whita, etc.	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade compound for the compound of the compound	N leted) lege (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re U O M E	done during mo	st of working	166. KIND OF BUSINESS/INDUSTRY Domestic			
BE CON	17. FATHER'S NAME (First, Middle, Last) Author Graham					ME (First, Middle, Maiden Sun Bland	name)		
101	19a. NFORMANT'S NAME (Type/Print) Yvette Harris		1333	Gler	wood A	AVE. Balto., MD 21239			
	20a. METHOD OF DISPOSITION X	rom State ceme We	PLACE AND DATE OF D otery, cremetory or other stern St	olece) ar	me of	8-12 Balt	ion - cmy or To		
	· James a	More	on	Jame 1701	s A. Me LAure	orton And	Sons	Funeral Hom	
	23. PARTU. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory streat, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death 7 days								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (PART II. Other significent conditions con Recurrent CVA'S & Diabetes Mellitus	Oyiphains		Tennia		Part I. 24a. WAS AN AUTPERFORMER 1 VES 2	0?	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AO	
SICIA		SPITAL:		THER:	ACE OF DEATH (Ch				
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence				28d. DE\$CRIBE HOW INJURY OCCURED			
	2 Accident Investigation 3 Suicide 8 Could not be datermined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end menner as stated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Dey, Year) AT 2438946 F11 8 9 93 30. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	UNION MEMORIAL	HOSPITAL	201E		REITY !	PK WAY, B	OMITJA	RE, MOZIZIS	
5	AUG 1 0 1993	37, RECHTRAB'S SIGN	NO STATE						

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James					DAY YEA	3. TIME OF DEATN		
		anley		8 9	1993	1 p. M		
4. SOCIAL SECURITY NUMBER 213-0908588			F UNDER 1 YEAR IF UNDER 24 HOURS MI	CAR	0	IRTHPLACE (State or Foreign ountry) MD		
9e. FACILITY NAME (If not institution, give a Pleasant Manor			Baltimore		9c. COUNTY (DF DEATH		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
MD		BA	1timore			No AES 5 □ NO		
11 W. 20th St	•		101. ZIP CODE 2121	8	10g. CITIZEN	USa		
11. MARITAL STATUS 1 Never Married 2 Married 2. Wildowed 4 Olvorced	12. WAS DECEDENT, EVE FORCES? 1 1 Y. IF YES, GIVE WAR OF	ES NO		SPANIC ORIGIN? (Specify) ixican, Puerto Rican, atc.) pecify:		RACE — American Indian, Black, White, atc. Specify: Black		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working	16b. KIND OF E	USINESS/INDUSTI	RY		
	Comage (1-4 or 6+)	Presser	& Chauffe		aner			
17. FATNER'S NAME (First, Middle, Last) JAmes O. S	tanlev		16. MOTNER	NAME (First, Middle, Maid Lillian		rd		
19a. INFORMANT'S NAME (Type/Print)	<u>ounicy</u>		DORESS (Street and Number or F	ural Route Number, City or 1	own, State, Zip Code	9)		
Beverly A. C	arter		Angelica *					
20a. METHOD OF DISPOSITION **XBurisi 2	noval from State	Carrison	ION (Name of cemetery, cremetor		ocation - city			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Ston	James A	F FACILITY	and Soi	ns Funeral		
shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Oue to (or a control or a co		de Heart Obstructive Artery	Fa, /u Pulmaner Des	, e Dise	interval Between Onset and Death weeks ASE YEAR YEAR		
PART II. Other algnificent condition	ns contributing to deat	h but not resulting in	the underlying ceuse give	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		28. PLACE OF DEAT					
EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Vatural 5 Pending	1 Inpatient 2 ERA 26s. DATE OF INJU (Month, Day, Ye	Outpatient 3 DOA 4	OF 26c. INJURY AT	nce 6 Other (Specify) 28d. DE\$CRIBE NO	W INJURY OCCURE	5D		
EXAMINER? 1 YES 2 THO 27. MANNER OF DEATH	1 Inpatient 2 ERA 26a. DATE OF INJU (Month, Day, Ye)	RY 26b. TIME INJUR	OF 26c. INJURY AT WORK? M 1 YES 2 N	nce 6 Other (Specify) 28d. DE\$CRIBE NO	et and Number or R			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be dejarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PNYS	26a. DATE OF INJU 26a. DATE OF INJU 26a. PLACE OF INJ building, etc. (SICIAN: To the best of my k	Outpatient 3 DOA 4 RY 26b. TIME: INJUI URY — At home, farm, str. Specify) nowledge, death occurred	OF 26c. INJURY AT WORK? M 1 YES 2 N	28d. DESCRIBE NO. 28d. DESCRIBE NO. 26f. LOCATION (Stre City or Town, Str.	et and Number or Rite)	turel Route Number,		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be dejarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PNYS	1 Inpatient 2 ERA 26s. DATE OF INJU (Month, Day, 16) 26s. PLACE OF INJ building, etc. (SICIAN: To the best of my k IER: On the basis of axamin	Outpatient 3 DOA 4 RY 26b. TIME: INJUR URY — At home, farm, str Specify) nowledge, death occurred action and/or investigation,	OTHER: Nursing Home 6 Rasido F 26c. INJURY AT WORK? M 1 YES 2 N eet, factory, office at the time, data and place, an In my opinion, death occured a	28d. DESCRIBE NO. 28d. DESCRIBE NO. 28f. LOCATION (Stre City or Town, St. I due to the cause(e) and it t the time, data and place, NUMBER 3664	et and Number or Rite) manner as stated. and due to the ca	use(a) and manner as stated.		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020

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notified

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TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: 19

REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR MATTHEW JAMES SCALCO August 7, 1993 5:37 P. M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) N/A DAYS 1 🕅 M 2 🗌 F 0 50 August 7 199B Montgomery 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL LAUREL 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3426 ANDREW COURT #201 20724 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: WHITE 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Ø 0 N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) ROBERT SCALCO JUDY McCAFFERY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JUDY SCALCO 3426 ANDREW COURT #201, LAUREL, MARYLAND 20724 20a. METHOD OF DISPOSITION
1

↑ Burlel 2 □ Cremetion 3 □ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE HILL CEMETERY ☐ Donation 5 ☐ Other (Specify) 8/11 LAUREL, MARYLAND 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING RD, LAUREL, MD. 20707 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete shock, or heert fallure. List only one cause on each line Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) 50 min xtreme DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:

1 Dispetient 2 ER/Outpetient 3 DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation M 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

One)

MEDICAL EXAMINITY OF the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 8 Hanux MO 7 D36436 93 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ado 31. DATE FILED (Month, Day, Year)
AU,G., 1. 0 1993 MD Hamosh

4 AZ. RIPCISTRAR'S SIGNATURE AND

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	0 ± 11	ITEMS: 28b,28f								3	23093	1
	1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	RIMENT OF H	EALTH A	ND MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, La	si)					2. DA	TE OF DEATH	AY	YEAR	3. TIME OF DEATH	_
	Gene C.		Swif				0		7]	993	1105	N
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS M		TE OF BIRTH		6. BIRTHE	PLACE (State or Foreign	
	577-10-0588	1 🔀 M 2 🗌 F	8 1	YRS.			TT 06	- 16 - 1	2	Wash	ington,)(
æ	9a. FACILITY NAME (If not institution, gi	re street and number)			9b. CITY, TOWN C	R LOCATION	OF DEATH		Y	ITY OF DE		_
DIRECTOR	Anne Arundel (General H	ospita	1	Annap	olis			Anr	ne A	rundel	
EC	10a. STATE 10b. COU				Y, TOWN OR LOCAT	ION					10d, INSIDE CITY	_
H	MD A	nne Arund	_1	Ma						- 1	LIMITS?	
	10e, STREET AND NUMBER	me Alunu	E.T.	Ma	*	. ZIP CODE			40. 0000	_	1 TES 2XXNO	_
FUNERAL	1200 T	r							10g. C1112		HAT COUNTRY?	
N	1200 Locust 1	12. WAS DECEDENT	F1488 10444 0 484			21106				USA		
	1 Never Married 2 Married	FORCES? TY	YES 2 N	MED O	13. WAS DEC	ENDENT OF H selfy Cuben, N	IISPANIC ORIC fexicen, Puert	SIN? (Specify Yes	or No —	14. RACE Black,	American Indian, White, atc.	
ВУ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAI			1 🗌 YES	MO S	Specify:			Specify	White	
	15. DECEDENT'S E	DUCATION		*EDENT*0	USUAL OCCUPATION	NA.	Т.		<u> </u>		MILLE	_
ETE	(Specify only highest gr	ede completed)	(Gh	ve kind of Do NOT u	work done during mo	st of working	- 1	6b. KIND OF BU	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			ation			Automo	otive	9		
S S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME (First	t, Middle, Malden	Sumame)	(6		_
BE C	George Walla	ce Swift	Sr.			Emr	ma Ja	ne				
TO E	Mary Louise	Pender	196 P	MAILING	Box 33	nd Number or I	Rural Route Nu	mber, City or Tow MD 2	n, State Zip 1 106	Code)		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R	amoval from State	20b. PLACE A	ND DATE	OF DISPOSITION (Na	me of	D/	TE 20c. LO	CATION —	Olty or Tow	rn, Stata	_
	4 Donation 5 Other (Specify)		Metr	o C	rematic	n		Bai	Ltimo	ore,	MD	
	21. SIGNATURE OF FUNERAL SERVICE	Ward	4	_	Haro	esty		ral Ho			MD 21401	
	23. PART I. Enter the diseases, a shock, or heart fellou iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (o	ultp	UENCE O	úju	de of dying,	such as ca	erdiac or resp	iratory arre	est,	Approximete interval Betwee Onset and Dea	
FIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	R AS A CONSEQ	UENCE O	F):							
CERTIF	that initiated events resulting in death) LAST	DUE TO (0	R AS A CONSEO	UENCE O	F):							
PHYSICIAN: MEDICAL	PART II. Other eignificant condit	lons contributing to d	eath but not re	esulting	in the undarlying	causa give	n in Part i.	24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYPES 2 NO	
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF DEAT	H (Check only	one)				_
) 	1 XYES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 X E	R/Outpatient 3	□ DOA	OTHER:	o 5 🗆 Registe	ence 6 De	her (Snecilis)				_
<u></u>	27. MANNER OF DEATH	26a. DATE OF IN	JURY	26b. TIM	E OF 28c, INJ	URY AT		EŞCRIBE HOW I	NJURY OCC	URED		_
	1 Netural 5 Pending	(Month, Day,	1993		4 AM wo	RK? 'ES 2 🔯 N					ale be-	1
BY	2 Accident Investigation 3 Suicide 6 Could not	28e. PLACE OF	NJURY — At hon		street, factory, office		281 17	CATION SOO	an s	Lruc	ck by au	T
	4 Homicide datermined	building, at	c. (Specify)	of same	and the state of t		ARIIN	IDEL CO '	MADVIA	ATU KI	OAD, ANNE	

29a. CERTIFIER (Check only one) 1 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the

29d. DATE SIGNED (Month, Day, Year)

TIED CAUSE OF DEATH (ITEM 27) (Type, Print)

Penn Street. Baltimore,

O.C.M.E

0 1993 AUG

Like Devidon-Rondolle

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1200 Locust Annw Arundel Mayo 1200 Locust Lane USA 21106 White IIWW

RAI TIMORE MARVI AND 21215-0020	ICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO-THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to budal cremation or named.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.	TO-THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the father within 72 hours after death with the State Derr, of Health and Mental Honene prior to build cremation or emmonal	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last, ADA H.	SCH IMINGE		elen Sch	niminger	2. DATE OF DEATH		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 212-07-3479	1 □ M 2 XF 81		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 6, 1		BIRTHPLACE (State or Foreign Country) Orth Carolin				
TOR	90. FACILITY NAME (If not institution, give	22 - Table 200 - 2		Baltimo	R LOCATION OF D	EATH	9c. COUNTY	OF DEATH				
DIRECTOR	10a. STATE 10b. COUNTY Maryland	TY		rown or Locat	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
ERAL	10a. STREET AND NUMBER 3324 Cliftmont Av	enue		100	ZIP CODE		U.S.A	OF WHAT COUNTRY?				
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe		NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.) y:	s or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White				
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	Iffe. Do NOT use n	k done during mos stired.)	st of working	16b. KIND OF BU		TRY				
COMPL	17. FATHER'S NAME (First, Middle, Last)	N/A [Candy Ho	memake	18. MOTHER'S NA	Candy C						
TO BE	Jack Robertson 190. INFORMANT'S NAME (Type/Print) Trinds Change (N.)				nd Number or Rural	e Bolling Route Number, City or Tow		The state of the s				
	Linda Stran (Nie	20b.	PLACE AND DATE OF CONTROL OF THE PLACE AND DATE OF CONTROL OF THE PLACE AND DATE OF THE	DISPOSITION (Na	me of		CATION — City					
	21. SIGNATURE OF PUNERSAL SERVICE L	CENSEE	SC HOLY F	22. NAME AN Schim	nek Fun		, Inc.					
TION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b	CONSEQUENCE OF):					interval Betw Onset and De				
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Diseese or injury that infitieted eventa resulting in death) LAST	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART il. Other significant conditio	ns contributing to deeth bu	at not resulting in t	he undarlying	ceuse given in	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	MOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one) 8 Other (Specify)						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJU	JRY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED				
	2 Children	2 Accident 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)										
COMPLETED		ICIAN: To the best of my knowle ER: On the basis of examination						use(a) and manner as stated				
TO BE C	29b, SIGNATURE AND TITLE OF CERTIFIE	M.D.			29c. LICENSE NUM			GNEO (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WITH NO A	PEORO TGO			RUD. F	BALTIMORE	MD	21239				
!	AUG 1 0 1993	32. REGISTRARIS SIGNA						-				

1 - STATE

BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending pro-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last						2	. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
		elen	Sadowsk					8 6 1993				
	4. SOCIAL SECURITY NUMBER 217 at 26 at 9424	5. SEX	6. AGE (In yrs. last birthda 63 YRS.	MONTHS	DAYS	HOURS I	IRS. 7.	(Month, Day, Year)	220	8. BIRTHI Country	PLACE (State or For	
	9a. FACILITY NAME (If not institution, give		03		, TOWN C	OR LOCATION	OF DEATI		MULGE			
	Francis Scott K		l Center	Baltimore City								
I	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			CITY, TOWN C	OR LOCAT	TION			-		10d. INSIDE CITY	
	Maryland	Baltimo					unda	clk			LIMITS?	
I	10e, STREET AND NUMBER		3/2/		101	I. ZIP CODE			10g. CITI	IZEN OF W	ZEN OF WHAT COUNTRY?	
	1934 Cedar Lane				3		212			rited	States	
	11. MARITAL STATUS 1 Never Married 2X(X, Merried 3 Wildowed 4 Divorced		TEVER IN U.S. ARMED YES XXNO AR OR DATES		If yes, sp		lexican, F	ORIGIN? (Specify ' Puerto Rican, etc.)	fee or No	14. RACE Black Specif	- American Indie , White, atc.	
П	15. DECEDENT'S ED (Specify only highest gra-	DUCATION de completed)	18e. DECEDENT	of work done i	CCUPATIO	ON ost of working	LIF	16b. KIND OF E	USINESS/IND	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOI	T use retired.)				Marin	a Tamé	ina		
	12th Grade 17. FATHER'S NAME (First, Middle, Last)	Exect	utive		18 MOTHER	'S NAME	Marin		crig			
		ybowski						towski	sir ournettie)			
	19e. INFORMANT'S NAME (Type/Print)					and Number or	Runel Rou	te Number, City or T				
	Mr. James J. Sa		1				Dunc	lalk, Ma			1222	
	20e. METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Re	moval from State	20b. PLACE AND DATE Semestery of Stand				0/1		Raltin			
	4 Donation 5 Other (Specify)	(CENSEE)	Si. Silvi			ND ADDRESS			buccui	norce,	Maryea	
	23. PART . Enter the diseases, or	R		1	ouda	-Ruck	Fune	eral Hom	e 0 6 1	Dunda	elk, Inc	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Liet only one caus	se on each line.						efce	rest,	Approximinterval B	
KIIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	. Liet only one caus	COLL MOOR AS A CONSEQUENCE	UJ ()	ca	icle			efce	rest,	Approximinterval B	
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The state of	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. DUE TO (OR AS A CONSEQUENCE	e op:	oca Oca	udle	d	refer	AN AUTOPSY ORMED?	ri.	Approximinterval B Onset and Onset and WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF 0 OF DEATH?	
MEDICAL OF	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	s. DUE TO (OR AS A CONSEQUENCE	e op:	Que enderlying	g cause give	el .	rt I. 24a. WAS / PERF	AN AUTOPSY ORMED?	ri.	Approximinterval Bi Onset sec Onset sec	
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EU DI FILISIONI. MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions are sufficient to the conditions of the c	b. DUE TO (b. DUE TO (c. DUE TO (d. DUE TO (d. DUE TO (Month, Da 28e. PLACE OF	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE DEPLOY A	OTHEF	28. Pt. R: sing Hom 28c. INJ WOO 1 1	g cause give	H (Check	rt I. 24a. WAS / PERF 1 VES	AN AUTOPSY ORMED? 2 NO	24b.	WERE AUTOPSY F AMAILABLE PRIOR OF DEATH? 1 YES 2	
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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within: nours after death. Page 6 may be retained by the hospital or attending	IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 23096 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TEGISTIAN				LITTI	ICATI	_ 01	DLA	111		EG. NO.				
1. DECEDENT'S NAME (Viola Mai		ch							2. DATE OF MONTH AUGUS		1993	YEAR 3	3. TIME OF DEATH 4:45 a.m	
4. SOCIAL SECURITY NO	JMBER	5. SEX	6. AGE (In yrs. la	at birthdm/s	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF 8	WRTH			PLACE (State or Foreign	
220-07-2		1 🗆 M 2 🔀 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept. 15, 1917 M				ryland	
9a. FACILITY NAME (# re					9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH			
Union Mer		Hospital			Baltimore									
10e. STATE	10b. COUNT	Υ	-	10c, CIT	Y, TOWN	OR LOCA	TION				-		10d, INSIDE CITY	
Union Mer RESIDENCE OF D 100. STATE Maryland		-			Ltimo								LIMITS?	
3537 Ches	ER					10	1. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?	
3537 Ches	sterfie	ld Avenue	2				21213	3			U.S	5.A.		
	1 Nover Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16. DECE							n, Mexica	IIC ORIGIN? (S n, Puerto Ricar /:		or No-	Black	- American Indian, White, etc.	
			16a. Di	ECEDENT'S	USUAL O	CCUPATI	ON		16b. KIN	D OF BUS	INESS/IND			
15. (Specify Elementary/Secondar N/A 17. FATHER'S NAME (Firs		College (1-4 or 5	(C)	Sive kind of a	work done se retired.)	during mo	ost of working	ng						
N/A	N.			memak	er				Own	n Hon	ne.			
17. FATHER'S NAME (Firs							16. MOT	HER'S NA	ME (First, Middl			_		
Paul Rich		nd					100		Mary N					
19a. INFORMANT'S NAM		204		h Manue	ADDRES	R /0						o Cod-1		
Patricia		ion (Duht							Poute Number, (1220	
		ier (rgnt						roac	l, Bali					
20e. METHOD OF DISPO 1 Suriel 2 Crem 4 Donation 5 0	etion 3 🗆 Rem her (Specify)		SE J	ematory or p	of Dispos	ceme	tery		8/11			or Tow	m, state Maryland	
21. SIGNATURE OF FUNI	IRAL SERVICE LIC	CENSEE					ND ADDRE							
1//	can)	Terris							eral Ho bad, Ba				21236	
Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or I that initiated events	iditione, mediate iLYING injury	e. Ages but to but to c. Due to		MACOUENCE O	A Pi:									
resulting in death) L	AST	d												
PART II. Other algnis	licant condition	na contributing to	death but not	resulting	In the u	ndariyin	g cause :	given in	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
-									1(YES 2			COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRE	D TO MEDION													
EXAMINER?	D TO MEDICAL	HOSPITAL:	ED/Outpetlant	2 🗆 🗅	OTHE	R:			eck only one)	· .				
27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIM	_	28c. IN.	JURY AT	esidence	8 Other (Sp 28d. DESCRI		NJURY OC	CURED		
2 Accident	Pending Investigation		F INJURY — At h		М	1 🗆	YES 2	NO	201 1 001710	M (00				
3 Suicide 6	Could not be determined	building,	etc. (Specify)	ome, rem,	street, rac	iory, orne			281. LOCATIO City or To	wn, Steta)	na Number	r or Hurel H	oute Number,	
		ICIAN: To the best of ER: On the bests of e											end menner es stated.	
29b. SIGNATURE AND TI	TLE OF CERTIFIE	R					29c. LICI	ENSE NUM	1BER 3093		29d. DAT	E SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS		en, 3400				tim	ore	M						
					Dal	LILL	TE,	Pal.	21213	-				
AUG 1 0	1993	Julia Davids	AR'S SIGNATURE	2										

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	A CHOCOLOGICAL MANAGERY				JE11111	ICAIL	- 01	DEA	1		HEG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)							MON			DATE OF OEATH DAY YEAR		YEAR	. TIME OF OEATH
	MaryJa		1		rnton				\rightarrow			1993		1:45am
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE ((Month)	OF BIRTH		8. BIRTHPI Country)	ACE (State or Fore
	212-22-0430		1 M 2 T F	66	YRS.			, noone		Dec	13, 1	926	Mary	land
	9s. FACILITY NAME (If not in	TOWN C	TOWN OR LOCATION OF DEATH 9c. COUNTY					NTY OF DEA	TH					
e l	323 Gail:	ridge	Road			T:	imonium Balt					ltimo	re	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR													
L DIRECTOR	36 4 1 2 2 2 2													od. INSIDE CITY LIMITS?
	Maryland Baltimore Timon													YES 2
FUNERAL			. ZIP CODE				10g. CITE	ZEN OF WH	AT COUNTRY?					
N.	323 Gailri	idge R						1093					JSA	
	1 Never Married 2	Married	12. WAS OECEDE FORCES?	1 YES 27	ARMED NO	- 1	f yes, sp-	ecify Cuba	n, Maxican	n, Puerto R	? (Specify Yes tican, etc.)	or No-	14. RACE - Black, 1	 American India Whita, etc.
À	1 Never Married 2 Married FORCES? 1 YES 2X NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) 3 Wildowed 4 X Divorced FORCES? 1 YES 2X NO Specify: Specify										White			
	15. DEC	EDENT'S EDU	ICATION	160	DECEDENTS	R LISUAL OF	CHIPATIC	OM.		106	KIND OF BUS	INESS/IND	HETOV	white
	(Specify only highest grade completed) (GNe kind of work done during most of working										OSINI			
	Elementary/Secondary (0-12) College (1-4 or 5+) Community Banking Officer Banki									led - a				
COMPL	17. FATHER'S NAME (First, M	fiddle, Last)	-	100	macini	cy De	шкт	-			Dalli tiddle, Meiden			
E C	Allen	Wro	th	Beam, J	r.				E11a				W- 1	
0	19a. INFORMANT'S NAME (7					G ADDRESS	(Street =	and Number			Fran			inger
2	Roberta Th		n-Howard											0100-
			H HOWAIL	20h BL 40					ie Ko					
	Roberta Thornton-Howard 8016 Yellow Stone Road, Kingsville, MD 21087 20e. METHOD OF DISPOSITION 1 K Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely, crematory or other place)													
	1 K Buriel 2 Cremetion 3 Removal from State 4 Dogardon 5 Other (Specify) Dulancy Valley Mem. Grdns. 8/7/93 Timonium, Maryland 21. BUCHARDUS GE FUNERAL SAMVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY													
- 1	Lemmon-Mitchell-Wiedefeld Inc.													
	Bryan W. Clary / 10 W. Padonia Road, Timonium, MD 21093													
	23. PART I. Enter the deceses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
- 1	interval Bet Onset and Ons													
	disease or condition VAMINORUE (ALCINOME)													
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):													
z														
	Sequentially list conditions, If any, leading to immediate b. Due TO (OR AS A CONSEQUENCE OF):													
3	cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
#	resulting in death) LAST													
	PART II. Other aignifica	nt conditio	ns contributing to	n deeth but no	t resulting	in the un	deriving	O CRUBA C	niven in I	Part i	24e. WAS AN	ALITOPEV	24b W	PERE AUTOPSY FIL
EDICAL								9 00000 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR		_ A	MAILABLE PRIOR
ă					-						1 TYES 2	NO		F DEATH?
2										_			1	YES 2 N
ä														
5	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF D	EATH (Che	ock only on	e)			
YSI	1 TES NO		1 Inpatient 2			4 🗆 Nun		10 5/X Ra	sidence	6 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. OATE O (Month,	F INJURY Day, Year)	26b. TII	WE OF	28c. INJ WO	URY AT		26d. DE\$	CRIBE HOW I	NJURY OCC	CURED	
ΒX		Pending Investigation				M		YES 2] NO					
TED	3 Suicide 6	Could not be	26a, PLACE building	OF INJURY — AI I, etc. (Specify)	home, ferm,	street, fact	ory, offic	•		261. LOCA	ATION (Street or Town, State)	and Number	or Rural Roo	ite Number,
III III	4 Homicide	determined										101		
	29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	of my knowledge,	death occur	red at the t	lme, data	and place.	, and due	to the cau	se(a) and mer	ner as stat	ed.	
PET														nd menner ea si
OMPLET	anni	EXAMINEN: On the basis of examination and/or investigation, in my opinion							INCE AND	IBCP				
COMPLE	one) MED		396. SONATURE AND THE OF CERTIFIES						SE NIM	750	age. LICENSE NUMBER 29d. DATE SIGNE			ronth, Day, Year)
BE COMPLET	one) MED		caren	0	Jewelingians									
BE COMPLE	SHE SECULIAR AND THE	wat	caren	0				1)3	344				gust	6, 1993
E COMPLE	398. SOMATURE AND TITLE	PENEON/W						1)3	344			▶Au		
BE COMPLE	299. SOMATURE AND TITLE 30. NAME AND ADDRESS OF Trede11 W	F PERSON WI	ehart, MI	500	W. UI		sity	D S	344.	Balt	imore.	▶Au		
BE COMPLE	398. SOMATURE AND TITLE	F PERSON WILLIAM		500	W. UI		sity	D3	344.	Balt	imore.	▶Au		

PIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	A PATARON OF PHYSICIAN: The law requires that the death certificate be executed within movers after death. Page 6 may be retained by the hospital or attending physician.	L'ORECTOR: give this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	eath with the State Dect, of Health and Mental Hydrane prior to burial, cremation, or removal,
ISION OF	TTENDING PHYS	TOR: After this c	after Death with
JE .	AL OR	L DIRE	2 hours

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: princ this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	The same	IQ.	be filed within 72 hours-after death with the State Dept. of Health and Mental Hygique prior to burial, cremation, or removal.	28
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	
1. DECEDENT'S NAME (First, Middle, Leat)	ISILTON	2. DATE OF DEATH MONTH DAY

	REGISTRAR		CERTIF	ICALE	OF	DEATH	REG. NO	ο		
	1. DECEDENT'S NAME (First, Middle, Last)	USILTO	N				2. DATE OF DEATH MONTH	DAY	93	3. TIME OF DEATH 1247 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	,	8. BIRTHE	PLACE (State or Foreign
	212-05-1719	1 M 2 KF	79 YRS.	MONTHS E	DAYS I	HOURS MIN.	Nov 26	.13	Country	UN
	9a. FACILITY NAME (If not institution, give st			96. CITY, TI	OWN OR	LOCATION OF DE			UNTY OF DE	ATH
2	ST. JOSEPH'S A	405PITA	41	To	101 6	ONIN	M D	80	1-711	MORE
81	RESIDENCE OF DECEDENT	, , , , , , , ,	, -	10	200	014/1		100		
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR						10d. INSIDE CITY LIMITS?
ā	Maryland /	0a 1711	nore	Tor	IN	SON				1 TES 2XXNO
A	10e. STREET AND NUMBER			,	101. 2	ZIP CODE		10g. CI	TIZEN OF W	HAT COUNTRY?
H	216 Chestnut Aver	nue				21204	4	1000	USA	
FUNERAL	11. MARITAL STATUS		EVER IN U.S. ARMED	13. WA	S DECEN	NDENT OF HISPAN	IC ORIGIN? (Specify Y	ea or No-	14. RACE	- American Indian, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		1 [YESX	NO Specify	n, Puerto Rican, etc.)		Specify	
	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCC	UPATION		16b. KIND OF B	JSINESS/IN	IDUSTRY	
Ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	We Do NOT u	work done dur se retired.)	ring most	of working				
집				ewife			Home	emaki	na	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, Middle, Maide			
	James Lawrence Ch	arles				Eva Ha				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	Street and	d Number or Rural R	loute Number, City or To	wn, State, Z	(ip Code)	
2	Mrs. Lourie H. W.	Clark					ersville,			
	20s METHOD OF DISPOSITION		20b. PLACE AND DATE						- City or Tow	rn. State
	X	ovel from State	cemetery, crematory or o	ther place!			L+93 Ches			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	LUESLET	22. NA	ME ANO	ADDRESS OF FAC	YTUIC	sreil.	OWIL,	Mary Land
- 3	Lassell 7.	()	1				ral Home			
	The state of the s	were	Homes				Rd. Balti			21236
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one caus	se on each line.					piratory a	rreat,	Approximata Interval Between Onset and Death
	resulting in death)	DUE TO	OR AS A CONSEQUENCE OF	F):		711 1 - C-3				
z		HYPO	TENSIDA OR AS A CONSEQUENCE O	1						20 mms
은	I it any, leading to immediate III									
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury	END-	STAGE C	ONGE	STI	VE HET	ART FA	HLLU	RE	
E	that initiated events	DUE TO	OR AS A CONSEQUENCE O	F):						
EH	reaulting in deeth) LAST	d								
	PART II. Other algnificent condition	a contributing to	death but not regulting	in the unde	artula o	ceuse alven in	Part I 24- MRC 4	N AUTOPSY	1 245	WERE AUTOPSY FINDINGS
EDICAL			L MYOCARI			_	PERFO	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
O.	110011003 11/011		- MOCATE	JI ML	1701	11101	1 TYES	2 NO		OF DEATH?
Σ							_			1 TYES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			-	00.51					
S	EXAMINER?	HOSPITAL:		OTHER:	26. PLA	CE OF DEATH (Chi	eck only one)			
ΥS	1 YES 2 KNO 27. MANNER OF DEATH	./`	ER/Outpetient 3 DOA				8 Other (Specify)			
	1- Netural 5 Pending	28a. DATE OF (Month, Da		JURY	8c. INJUI	K?	28d. DESCRIBE HOW	INJURY O	CCURED	111111111111111111111111111111111111111
BY	2 Accident Investigation	20- 81 405 05	T IAI II I I I I I I I I I I I I I I I I			S 2 NO				
TED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At home, ferm, etc. (Specify)	street, factory	у, оттіса		28f. LOCATION (Stree City or Town, State		er or Rural Ro	oute Number,
9	29a. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the best of	my knowledge, death occurr	and at the time	e dete e	nd place and due	to the cause/s) and m	anner se et	etad	
COMPLET	ann)		amination and/or investigation							and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				-					
BE	March PALL	1 DO				10 # D4		29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLS	F OF OFATH STEM 27 (5-	Print	1	U1	7270	10	TAL	793
	MARIAN CIRUTI		S OEATH (HEM 27) (NO	s, ctur)						TEST I
			T) (U)							
	AUG I U 1993	Julia David	in-fondell							
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M P	omple	l, cre	y, or other traumatic event, the medical	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZATIOUS after death. Page 6 may be retained by 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	
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	FOR STATE REGISTRAR	STATE OF MARYL		CATE OF D		REG. NO		
	1. DECEOENT'S NAME (First, Middle, List)	NMN /	AND EC	Son)	,	DATE OF DEATH	9	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE				DATE OF BIRTH	(L 100	THEPLACE (State or Foreign
	213-07-3514-D	1 - M 2 X F 9	YRS.		OURS MIN.	7/34/16	7/ R	OMAN I A
E	9a. FACILITY NAME (If not institution, give str. 7801 OAK AVENUE	eet and number)`		BALTIM		н 5	SE COUNTY O	TO TO
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	4 .	ine CITY	TOWN OR LOCATION		-		10d. INSIDE CITY
DIRECTOR	m a	SACTO	1000	LTIMORE				1 YES 2 X NO
FUNERAL	7801 OAK	c App		10f, ZI	P CODE	224	10g. CITIZEN O	F WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ABMED		DENT OF HISPANIC Ly Cuben, Mexican,	ORIGIN? (Specify Ye	s or No- 14, R	ACE American Indien, lack, White, etc.
. 1	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specify:	ruello mont, etc.)		pocity! LO
	15. DECEDENT'S EOUC. (Specify only highest grade of		16a. DECEDENT'S U	rk done during most o	of working	16b. KIND OF BU	SINESS/INDUSTR	Y
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	2 WIR		ΑТ	HOME	
No.	17. FATHER'S NAME (First, Middle, Last)		n pwse			(First, Middle, Maiden		
BEC	JOHN	LANG			MAGDA	LENA	(UNK	NOWN)
9	19e. INFORMANT'S NAME (Type/Print)		and the second second			Ite Number, City or Tox		
-	GILBERT SWEET	20	b. PLACE AND DATE			LTIMORE,	DILL CITY O	
	1 Quriel 2 Cremation 3 Remo		OUDON PAR	K"CEMETE!	RY 8.	/11/9B B	BALTIMOR	
	21. SIGNATURE OF FUNERAL SERVICE LICE	JOHN E.	DOLAN	LEONA!	ADDRESS OF FACIL	ČK, INC.		
		and the second second second						MD. 21214
-	23. PART i. Enter the diseases, or co ahock, or heart fellure. L							Approximata Interval Between
		let only one cause on a	Copoli	t antar tha moda	of dying, such	aa cardiac or reap	piratory arrest,	Approximata
	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	let only one cause on a	aech fina.	t antar tha moda	of dying, such		piratory arrest,	Approximata Interval Between
TION	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	List only one cause on a	Copoli	Cakni	of dying, such	aa cardiac or reap	piratory arrest,	Approximata Interval Between
ICATION	ahock, pr heart failure. L. IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	Carni	of dying, such	aa cardiac or reap	piratory arrest,	Approximata Interval Between
RTIFICATION	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	CONSEQUENCE OF	Carni	of dying, such	aa cardiac or reap	piratory arrest,	Approximata Interval Between
. CERTIFICATION	ahock, pr heart failure. L IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	Carni	of dying, such	aa cardlac Dr reap	DIS	Approximata interval Between Onset and Daath
_	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	Carni	of dying, such	ac cardiac or reap	N AUTOPSY PRIMEO?	Approximata Interval Between Onset and Daath 400 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
_	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	Carni	of dying, such	aa cardiac Dr reap	N AUTOPSY PRIMEO?	Approximata interval Between Onset and Daath 445 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
_	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	CAKOI	of dying, such	art I. 24s. WAS AI PERFO	N AUTOPSY PRIMEO?	Approximata Interval Between Onset and Daath Approximata Interval Between Onset and Daath 24b. Were Autopsy Findings Application of Completion of Cause OF DEATH?
_	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	t antar tha mode	OV 45 CU	art I. 24a. WAS AI PERFO	N AUTOPSY PRIMEO?	Approximata Interval Between Onset and Daath Approximata Interval Between Onset and Daath 24b. Were Autopsy Findings Application of Completion of Cause OF DEATH?
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BY PHYSICIAN: MEDICAL	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\) NO 27. MANNER OF DEATH 1 Netural 5 \(\) Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in topatient 3 DOA 28b. TIME INJU	at antar tha mode	cause given in Portion of the Company of the Compan	art I. 24a. WAS AI PERFO 1 YES k only one)	N AUTOPSY PRIMED? 2 100	Approximata Interval Between Onset and Daath 400 24b. Were Autopsy Findings Anil Able Prior To Completion of Cause of Death? 1
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BY PHYSICIAN: MEDICAL	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tpetient 3 □ DOA	antar tha mode CARDI	cause given in Portion of the second of the	art I. 24a. WAS AI PERFO 1 YES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of the cause(s) and ma, date end place, 4	N AUTOPSY RRMED? 2 DAO INJURY OCCUREI	Approximata Interval Between Onset and Daath 400 24b. Were Autopsy Findings Anil Able Prior To Completion of Cause of Death? 1
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, pr heart failure. L IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tpetient 3 □ DOA	antar tha mode CARDI	cause given in Portion of Control	art I. 24a. WAS AI PERFO 1 YES d Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State the cause(s) and m. ma, date end place, 4	N AUTOPSY PRIMED? 2 100 INJURY OCCURED to and Number or Rue polymer as stated.	Approximata Interval Between Onset and Daath 24b. Were Autopsy Findings Amalable Phior To Completion of Cause of Death? 1 Yes 2 No
E COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in typetient 3 □ DOA □ 28b. TIME INJU IV — At home, farm, st scily) wiedge, death occurre- on end/or investigation	antar tha mode CARDI	cause given in Portion of the second of the	art I. 24a. WAS AI PERFO 1 YES d Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State the cause(s) and m. ma, date end place, 4	N AUTOPSY RRMED? 2 DAO INJURY OCCUREI	Approximata Interval Between Onset and Daath 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 29b. Alignature AND TITLE OF CERTIFIES	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)	antar tha mode CARDI	cause given in Portion of the second of the	art I. 24a. WAS AI PERFO 1 YES d Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State the cause(s) and m. ma, date end place, 4	N AUTOPSY RRMED? 2 DAO INJURY OCCUREI	Approximata Interval Between Onset and Daath 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

a shift

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR			CERTIE	ICATE (OF DEATH		NTAL HYGIENI REG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	TOATE	JI DEATH	2.	DATE OF DEATH			3. TIME OF DEATH
ì	Gerald(Euge	ene) w	illi	ams				08 07		993	
1	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER 1 YE			DATE OF BIRTH		6. BIRT	1645 M HPLACE (State or Foreign
	215-98-3205	1 💢 M 2 🗌 F	27	YRS.	MONTHS DA	NYS HOURS MH	t.	(Month, Day, Year) 5-29-19	66	Coun	yland
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION O	F DEATH		_	NTY OF I	
	Palmer Ave. &	Oakley	Aven	ue	Bal	timore					
1	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	25 10//05		72.3	Y, TOWN OR L						T
	Md.				Balti	2.50					10d. INSIDE CITY LIMITS?
1	10e. STREET AND NUMBER				Dalti	10f. ZIP CODE			10a CITI	TEN OF	1 X YES 2 NO
۱	3107 Oakley Av	enue				21215			iog. Giti	USA	
	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS	DECENDENT OF HIS	PANIC C	RIGIN? (Specify Yes	or No		
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1			If ye	e, specify Cuban, Ma YES 2 ZANO Sc	xicen, Pe			Spec	E — American Indian, ok, White, stc.
į		<u> </u>									Black
	15. DECEDENT'S ED (Specify only highest grad	de completed)		16a. DECEDENT'S (Give kind of title. Do NOT us	work done durin	PATION og most of working		16b. KIND OF BUS	INESS/IND	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	-)	Busbo				Food S			
	17. FATHER'S NAME (First, Middle, Last)			Dusbo	У	18 MOTHER'S	NAME /	First, Middle, Maiden S		rce	
	Samuel Willia	ms						a Savag	,		
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	reet and Number or Ru				Code)	
i	Ceretha Savage			1558	N. F	ulton A	ve.	Balto.	, Mo	d. 2	21217
	20e, METHOD OF DISPOSITION 1	moval from State		PLACE AND DATE	OF DISPOSITIO						own, Stats
Į	4 Donation 5 Other (Specify)	_	Mt	Zion	Ceme		i		dsdo	owne	Maryland
ı	21. SIGNATURE OF FUNERAL SERVICE L	CENTRE			22. NAN	IE AND ADDRESS OF	FACILIT	y Derrick	C.	Jor	nes F.H.
l	1) Jane	Je C	10		461	l Park					o., Md.15
1	23. PART I. Enter the diseasea, or shock, or heart failure	complications the	caused	the death. Do r	not enter the	mode of dying,	uch as	cardiec or reapir	atory arr	rest,	Approximate
ı	IMMEDIATE CAUSE (Final	0	/ /		1		Se .	1: 0	- 12		Interval Between Onset end Death
	disease or condition resulting in death)	. Jush	th	Johnds	6 A	leck an	dK	rest to	rea	m	
İ	50	OUE TO	(OR AS A C	CONSEQUENCE OF	F):						
١	Sequentially list conditions,	b	(OR AS A C	CONSEQUENCE OF	n:						
I	if any, leeding to immediate cause. Enter UNDERLYING				,						į
	CAUSE (Disease or Injury that initieted events	DUE TO	(OR AS A C	CONSEQUENCE OF	F):						
Ш	resulting in death) LAST	d									
ı	PART II. Other algnificant condition										
		ns contributing to	deeth but	t not reaulting I	In the under	lving ceuse given	In Part	I. 24s. WAS AN	ипореу	241	WERF ALTTORSY FINDINGS
		ns contributing to	deeth but	t not reaulting	In the under	lying ceuse given	In Part	PERFORM	MED?	248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
		ns contributing to	deeth but	t not reaulting	In the under	lying ceuse given	In Part	1. 24a. WAS AN A PERFORM	MED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		ens contributing to	deeth but	t not reaulting	In the under	lying ceuse given	In Part	PERFORM	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	25. WAS CASE REFERRED TO MEDICAL		deeth bu	t not reaulting		lying ceuse given		1 YES 2	MED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		HOSPITAL:			OTHER:	6. PLACE OF DEATH	(Check o	PERFORI 1 YES 2	MED?		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF GEATH	HOSPITAL:	ER/Output	lent 3 □ DOA	OTHER: 4 Nursing	6. PLACE OF DEATH Home 5 Residen	(Check o	PERFORI 1 YES 2	MED? □ NO t s(cene	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpetient 2 26s. DATE OF (Month, D	ER/Output INJURY ny, Year)	26b. TIM	OTHER: 4 Nursing E OF 28c	6. PLACE OF DEATH Home 5 Residen . INJURY AT WORK?	(Check o	1 YES 2 Other (Specify) a	NO NO TENT	Cene	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 inpetient 2 28s. DATE OF (Month, D) () 8 () 28s. PLACE O	ER/Output INJURY ny, Year)	lient 3 DOA 26b. TiM INJ 29 3 16	OTHER: 4 Nursing E OF 28c	6. PLACE OF DEATH Home 5 Residen . INJURY AT WORK?	(Check o	nly one) Other (Specify)	t so	cene cured	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 26s. DATE OF (Month, D) 0 8 (28s. PLACE O building,	ER/Outpet INJURY sy, Year) 7 1 (FINJURY - etc. (Specify)	26b. TIM INJ 29 3 1 6 1	OTHER: 4 Nursing E OF 28c URY 1	6. PLACE OF DEATH Home 5 Residen INJURY AT WORK? YES 2 NO	(Check o	nly one) Other (Specify) a Describe How IN Subject Location (Street ar City or Town, State) almer &	t so	CENC CURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inperient 2 26s. DATE OF (Month, D) 0 8 (28s. PLACE O building, OT SICIAN: To the best of	ER/Outpet INJURY sy, Year) 7 1 (F INJURY - etc. (Specif) my knowled	26b. TIM 193 16.	OTHER: 4 Nursing E OF 28c URY 1 street, factory,	6. PLACE OF DEATH Home 5 Residen INJURY AT WORK? YES 2 NO office	(Check of 286 286 286 P	nly one) Other (Specify) a Describe How IN Subject Location (Street ar City or Town, State) almer &	#ED? NO The second Number of Numbe	CENECURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	HOSPITAL: 1 inpetient 2 26s. DATE OF (Month, D) 28s. PLACE O building, Of SICIAN: To the best of series.	ER/Outpet INJURY sy, Year) 7 1 (F INJURY - etc. (Specif) my knowled	26b. TIM 193 16.	OTHER: 4 Nursing E OF 28c URY 1 street, factory,	6. PLACE OF DEATH Home 5 Residen INJURY AT WORK? YES 2 NO office	(Check of 286 286 286 P	nly one) Other (Specify) a Describe How IN Subject Location (Street ar City or Town, State) almer &	#ED? NO The second Number of Numbe	CENECURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 inpetient 2 26s. DATE OF (Month, D) 28s. PLACE O building, Of SICIAN: To the best of series.	ER/Outpet INJURY sy, Year) 7 1 (F INJURY - etc. (Specif) my knowled	26b. TIM 193 16.	OTHER: 4 Nursing E OF 28c URY 1 street, factory,	6. PLACE OF DEATH Home 5 Residen NJURY AT WORK? YES 2 NO office deta and piscs, and on, death occured at 29c. LICENSE	286 286 D D dus to the time.	Other (Specify) I. DESCRIBE HOW IN Subject LOCATION (Street ar City or Town, State) almer & be cause(s) and many dets and place, and	#ED? NO **End Number Oal due to the due to the 29d. DATE	CENECURED OF Rural I	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number, 7 ANCINE State of the completion of the comp
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be detarmined 29a. CETTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER TALLARUS AND TITLE OF CERTI	HOSPITAL: 1 Inpetient 2 26s. DATE OF (Month, D)	ER/Outpat INJURY by, Wer) 7 INJURY cs. (Specify) my knowled amination of	26b. TIM HNJ HNJ HNJ HNJ HNJ HNJ HNJ HNJ HNJ HNJ	OTHER: 4 Nursing E OF URY 1 street, factory, ed at the time, n, in my opinio	6. PLACE OF DEATH Home 5 Residen INJURY AT WORK? YES 2 NO office deta and place, and on, death occured at	286 286 D D dus to the time.	Other (Specify) I. DESCRIBE HOW IN Subject LOCATION (Street ar City or Town, State) almer & be cause(s) and many dets and place, and	#ED? NO **End Number Oal due to the due to the 29d. DATE	CENECURED OF Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	HEGISTHAH		CERTIFI	CALE	F DEATH	REG. NO	1.	
	20-1-00	BEATRICE ACT				2. DATE OF DEATH DON'TH D	199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (A	n yrs. lest birthday) 7 4 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) altimore, MD
OR	Cardinal Sheh	Δ .	ler Agina	_	N OR LOCATION OF D		9c. COUNTY	
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		- 7					
DIRECTOR		imore		TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 YES 25 NO
AL A	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2300 Dulaney Va	lley Rd.			21204		U.	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 🗆 Y	ES 2 NO Speci	nn, Puerto Rican, etc.) fy:		Specify: hite
핃	15. DECEDENT'S EDUC. (Specify only highest grade of		16e. DECEDENT'S t	SUAL OCCUPA	TION most of working	16b. KIND OF BU	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			most of working			
₹			Hous	ewife		Own H		
	17. FATHER'S NAME (First, Middle, Lest) Charles	Seibold				AME (First, Middle, Maiden		
BE	19a. NFORMANT'S NAME (Type/Print)	Serbord				len		rley
2	Stuart T. Wilson					Route Number, City or Tow		
	20a. METHOD OF DISPOSITION	201	PLACE AND DATE OF					118
	1 Burial 2 Commetter 3 Remote 4 Donation 5 Other (Specify)	val from State Come	etery crematory or oth	er place) erVice	corp.	8-11 Tow	son, Mo	A STATE OF THE STA
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	//		AND ADDRESS OF FA			
- 1	23. PART I. Enter the diseases, or co	hel		105	O York Rd	. Towson.	Md. 212	204
rion	ahock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate	Conges DUE TO (PR AS A Rhema		hear	+ fai + di	lure sease		Interval Between Onset and Death
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:				
	PART II. Other aignificant conditions	contributing to death by	t not reculting in	the condest.				
EDICAL		Continuenting to deem bu	it not resulting in	the underly	ing cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ			^			-		1 - YES 2 - NO
Ž.	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (Ch	eck only one)		
Sic		HOSPITAL: 1 Inpatient 2 ER/Outjus		OTHER:	ome 5 🗆 Residence			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUSTY (Month, Day, Wast)	286. TIME INJU	OF 26c. I	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	D
	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY - building, atc. (Spec	home, term, st	reet, factory, of	lica	28t. LOCATION (Street a City or Town, State)	and Number or Ru	ural Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI MEDICAL EXAMINER:	IAN: To the best of my keeps	dge, death occurred	at the time, de	its and place, and due	to the cause(s) and man	iner as stated.	use(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c CICENSE NUI	MBER 5	-	NED (Month, Day, Year) 8 - 93
5	30. NAME AND ADDRESS OF PERSON WHO Eddie Nak	COMPLETEO CAUSE OF DEAT	ardinal	Shell	an Cent	er for Aa		TOWSUN, Maryland
2	31. DATE FILEO (MORITI, Day, Year) AUG 1 0 1993	22. REGISTRAR'S SIGNA	TURE			101111	,) 1	SAM You SIEVO



MILE I P. 1993 John Sondan House

93

23102

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, SHI)		MAE WO	RTH				2. DATE OF	08-08	3-93 ×	EAR 3.	8:50A
	4. SOCIAL SECURITY NUMBER 400-01-2039		5, SEX 1 M 2 XF	6. AGE (In yrs. la.	st birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF (Month, I	BIRTH 23,191	8 6.	Country)	ACE (State or Foreign
TOR	90. FACILITY NAME (If not ins Greater Ba	ltimo		l Cente	r		9b. CITY, TOWN OR LOCATION OF DEATH TOWSON 9c. COUNTY OF DEATH Baltimore					
DIRECTOR	100. STATE Maryland	10b. COUNT	timore		- 100	OWSON		LIMITS?			d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 500 V	irgin	ia Ave.				21286				N OF WHAT	T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		RMED NO	If yes,	ECENDENT OF HISP specify Cuben, Mexi ES 21 NO Spe	can, Puerto Ric		r No- 14		American Indian, Thite, atc. White
COMPLETED	15. DECE (Specify only Elementary/Secondary (0-	EDENT'S EDU highest grade	CATION completed) College (1-4 or 5+	10	live kind of w	USUAL OCCUPA ork done during e retired.) VE SEC	most of working		altimo			
BE CON	17. FATHER'S NAME (First, Mic Charles		Atkin			5-7-	16. MOTHER'S	a Ro	ose			
10	190. INFORMANT'S NAME (7) Susan W. Fi						end Number or Aur roft Dri					21050
	20e. METHOD OF DISPOSITION 1 Burlal 2XXCremation 4 Donation 5 Other	(Specify)				FDISPOSITION	Corp. 8	-9-93		SON,		State land 21204
	21. SIGNATURE OF FUNERAL	acl	S. Bu	obs I	1	Ruck	AND ADDRESS OF TOWSON York Ro	Funera:		•		
CERTIFICATION	23. PART i. Enter the diselection of the immediate CAUSE (Findlesses or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or Injuil that initiated events resulting in death) LAST	ons, flate	a. Oue TO DUE TO DUE TO A True	OR AS A CONSE	OUENCE OF	/ a.L.	et c; - l			tory arrea	τ,	Approximate Interval Between Onset and Death
MEDICAL	PART II. Other algnifices	nt condition	na contributing to	deeth but not	resulting i	n the underly	ing ceuse given		4a. WAS AN AL PERFORMI	ED?	CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			26. OTHER:	PLACE OF DEATH (Check only one)				
BY PHYS		Pending nvestigation	28e. DATE OF (Month, De	INJURY	28b. TIME	OF 28c.	ome 5 Residence NJURY AT WORK? YES 2 NO	_	Specify) RIBE HOW INJ	URY OCCUP	RED	
0	3 Suicide 6 0	Could not be determined	28e. PLACE Of building,	F INJURY — At he etc. (Specify)	ome, ferm, s	treet, factory, of	fice		ION (Street end Town, State)	i Number or	Rural Route	Number,
COMPLET			ICIAN: To the best of									id menner se stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	: Du	0			29c. LICENSE N	1	2	9d. DATE S	B/9	Orith, Day, Year)
10	RAYMOND		SILSON , M		M 27) (Type, 565	N. C	Larles 5.	lreet,	Balline	ore, l	ND 2	L124)
10	AUG 1 0	1993	32. REGISTRA	R'S SIGNATURE	della.							

REG. NO.

FOR STATE REGISTRAR

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEO (Month, Day, Year)

AUG. 10 1993

5 Pending investigation

8 Could not be

Raymund Millan

datermined

1 Netural

2 Accident 3 Suicide

4 Homicide

BY

COMPLETED

BE

2

TO THE SPITAL OR ATTENDING PHYSICIAN: The law SOLINE FUNERAL DIRECTOR: After this certificate has be the filed within 72 hours after death with the State Dept. IMPORTANT: If item 28 is marked, or item 23

		1	ALLEN	J. V	VILLIAMS						MONTH AUG,	DAY 7	YEAR 1993	2:50 PM
			4. SOCIAL SECURITY NUMB 220-64-4		5. SEX	6. AGE (In yr	s. last birthday) YRS.	IF UNDER 1	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	, Year)	a. BIRTI	TIMORE, M
	2, 3 should	OR	90. FACILITY NAME (If not Ins HARBOR H	etitution, give s						MORE	EATH		COUNTY OF D	
	permit. Pages 1, 2	DIRECTOR	RESIDENCE OF DEC	EDENT 10b. COUNTY			10c, CIT	, TOWN OR	LOCATIO					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	-F	FUNERAL	100. STREET AND NUMBER							ZIP CODE	5			WHAT COUNTRY? STATES
000	attending physician. se as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor		12. WAS DECEOEN FORCES? IF YES, GIVE Y	IT, EVER IN U.S IX YES 2 WAR OR DATES OR CE	S. ARMED	15.5	yes, spec	NDENT OF HISPAR city Cuben, Mexice NO Specifi	n, Puerto Rican	ecify Yee or No , etc.)	9— 14. RACI Black Spec	E — American Indian, k, White, etc.
240	use use	COMPLETED	15. DECI (Specify only Elementary/Secondary (0-	DENT'S EDUC highest grade	CATION completed) College (1-4 or 5		OF DECEDENT'S (Give kind of ville). Do NOT us DISAB	ork done du e retired.)	CUPATION ring most	of working	16b, KINI	OF BUSINESS	S/INDUSTRY	
A 170	tained by the hospital oshould be detached for	BE CON	17. FATHER'S NAME (First, MI ANDREW WIL	LIAM	S					18. MOTHER'S NA				IAMS
		TO E	DESIREE HU		3014 DUNVIEW A					Number or Rural I	Poute Number, C. JE, BA	LTIMO	RE, M	
	death. Page 6 may be funeral director, page		20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 4 Donation 5 Other	Specify)		company	REPORTS	M plade 0	RES	ST	8-14	OWIN	N — City of To GS MI	LLS, MD
T IVO	0 =		21. SIGNATURE OF FUNERAL	~L	Chan	der		WM.	С.		FH.			RTH AVE.
	in 24 hours at hy filled in by attion, or remo		23. PART I. Enter the di- ahock, or he IMMEDIATE CAUSE (Fin- disease or condition resulting in death)	ert lellure.	SI DUE TO	EVERE	SEPT.	CIMI	A				y arrest,	Approximate interval Between Onset and Deat
09793 YOR O G		CERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST	late NG y	ACG	QUIRED	NSEQUENCE OF	i: IODIFI		ENDOC				
E VITAI RECORDS	requires that the death open signed by the atter of realth and Mental shows any injury, or	MEDICAL	PART II. Other algolificer Intra VIANS DV		contributing to	death but n	ot resulting i	n the undo	erlying	ceuse given in	100	WAS AN AUTOI PERFORMED? YES 2 - NO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
VITAI	SICIAN: The law certificate has be the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 A	MEDICAL	HOSPITAL:	ER/Outpatler	w 3 DOA	OTHER:		CE OF DEATH (Ch		c(fv)		
n C	HYSICIAN: his certifica vith the St	PHY	27. MANNER OF DEATH		26e. DATE OF (Month, D	INJURY	28b. TIMI	OF 2	8c. INJUI	RY AT		E HOW INJURY	OCCURED	

M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
ROYMUND MINAN ST. NO 21725

29c. LICENSE NUMBER

DEA AS 2441614-39

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29d. DATE SIGNEO (Month, Day, Year)

7,

auc,

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner ex stated.

1 YES 2 NO

21225

26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

29e. CERTIFIER
(Check only one)

AMEDICAL EXAMINES On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

23104 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE OF I	MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND CLOSE OF DEATH	MENTAL HYGIEN REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Joseph Wiest	· · · · · · · · · · · · · · · · · · ·		A DATE OF DEATH DA	year 93 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-07-3706 5. SEX 1 ★ M 2 □ F	6. AGE (In yrs. lest birthday) 84 Yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 11,	. BIRTINPLACE (State or Foreign Country) Maryland
10R	9a. FACILITY NAME (If not institution, give street and number) RIVERVIEW NURSING CENT	re, Inc.	96. CITY, TOWN OR LOCATION OF ESSEX	DEATH	8c. COUNTY OF DEATN Baltimore
DIRECTOR	10a. STATE 10b. COUNTY Md. Baltimore		ry, town or location Essex		10d. INSIDE CITY LIMITS? 1 YES 2 PS NO
FUNERAL	100. STREET AND NUMBER 705 Clover Ave.		101. ZIP CODE 212	221	10g. CITIZEN OF WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 3 Widowed 4 Divorced IF YES, GIVE V	13. WAS DECENDENT OF NISP If yes, specify Cuban, Maxi 1 YES 2 Y NO Spec	can, Puerto Rican, etc.)	or No- 14. RACE - American Indian, Black, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11th College (1-4 or 5	(Give kind of life. Do NOT u	work done during most of working se retired.)	16b. KIND OF BUS	ath Steel
BE COM	17. FATNER'S NAME (First, Middle, Last) Adam Wiest		Ar	IAME (First, Middle, Maiden	
101	19a. INFORMANT'S NAME (Type/Print) Mildred Wiest	19b. MAILING 705	ADDRESS (Street and Number or Rura Clover Ave. Ba	A Route Number, City or Town	
	20s. METNOD OF DISPOSITION 1-1-1 Burist 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE Secretary or a Secretary or a		9/93 Ba	CATION — City or Town, State altimore Md.
	21. SIGNATURE OF FUNERAL SERVICE LILENSEE	eral Von	22. NAME AND ADDRESS OF E		MaceAve. 21221
	23. PART I. Enter the diseases, or complications the shock, or heert failure. List only one cau immediate Cause (Final disease or condition resulting in death)	t coused the deeth. Do ise on each line.	Corving On	l colores	interval Between
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	(OR AS A CONSEQUENCE O			
MEDICAL CE	PART II. Other algorificent conditions contributing to Penal Shi vati Cicera to the Wall Degree federal	death but not resulting	in the underlying cause given i	n Part i. 24s. WAS AN PERFOR	MED? AMAILABLE PRIOR TO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (C	Check only one)	
PHYSICIAN:	HOSPITAL:	TR/Outpatient 3 DOA INJURY 28b. TIM BY, Year)	JURY WORK?	6 Other (Specify) 28d. DESCRIBE NOW IN	NJURY OCCURED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined Duliding,	F INJURY — At home, farm, etc. (Specify)	M 1 YES 2 NO	28t. LOCATION (Street a City or Town, State)	and Number or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of a MEDICAL EXAMINER: On the basis of a				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CAMPLETED CAUSE	SE OF DEATH (ITEM 27) (Type	29c. LICENSE N	UMBER 66	29d. DATE SIGNED (Month, Day, Year)
10		R'S SIGNATURE			<u> </u>

and the contract of

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
JOHN		YOUNG			8-05-9		6:40 P.
4. SOCIAL SECURITY NUMBER	5. SEX 8.	. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
568-03-1592 9a. FACILITY NAME (If not institution, give	1 M 2 □ F	80 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3-06-13		COTLAND
			CATONS	VILLE	EATH	BALTI	
10e. STATE MARYLAND B	ALTIMORE	10c. CIT	Y, TOWN OR LOCA CATONS				10d. INSIDE CITY LIMITS? 1 YES 24 NO
209 E. ELPIN DR RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STATE 10e. STATE 11e. STATE 11e. STATE 11e. STATE 11e. STATE 11e. Never Married 12 XI Married	IVE		10	2 12 28		10g. CITIZEN C	U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 S IF YES, GIVE WAR	YES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	В	ACE — American Indian, lack, White, atc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATI work done during me se retired.)	ON ost of working	16b. KIND OF BUS		
12		-	SALES		BA	KERY	
	A CT			72-72-100-1111	ME (First, Middle, Malden AGURKIS	Surname)	
WILLIAM YENALAV	AGE	19h MAII ING	Annese (Street		AGURKIS Route Number, City or Tow	- Chats Tip Code	1
JEANNE YOU	NG (WIFE		. ELPIN		ATONSVILLE		21228
20e. METHOD OF DISPOSITION 1 Stries 2 Cremetton 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. LO	CATION — City o	
21. SIGNATURE OF FUNERAL SERVICE L	cal	AL	LEROY 1630	EDMONDSO	SSELL C. W.	ONSVILL	UNERAL HOMES
23. PART i. Entar the diseases, or shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Hepa	on asch line.	Con		n as cardiec or reap	ratory srrest,	Approximats interval Between Onset and Deat
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in deeth) LAST	C	R AS A CONSEQUENCE O					
that initiated events resulting in deeth) LAST	d		.,				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH.	Vasula	17	-	g couse given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			25. P	LACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	ne 5 Residence	6 ☐ Other (Specify)		
	28a. DATE OF IN (Month, Day,		IE OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED)
2 Culate	28a. PLACE OF I building, etc	NJURY — At home, farm, .:. (Specify)	street, factory, offic		281. LOCATION (Street of City or Town, State)	and Number or Ru	rel Route Number,
		knowledge, death occurr					se(s) and manner se stated.
296, SIGNATURE AND TITLE OF CERTIFIE	Latura	12ml		1 23 Y	MBER (56	29d. DATE SIGN	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W DR. WILLIAM WATT	ERFTELD	OF DEATH (ITEM 27) (Type DOR TOWER B		LTIMORE	MA RYT. AND	21229	
31. DATE FILED (Month, Day, Year) AUG 1 0 1993	32, REGISTRAR	SIGNATURE					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE KUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 77 hours after death with the State Dent of Health and Mantal Henisten noint to burial compation, or removal	IPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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23106 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93
CERTIFICATE OF DEATH
REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIENI REG. NO.	93	23106
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Anthony Paul	Zukasky				August S	$\frac{8}{5}$, 199	3 9:15 pm
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. B	IRTHPLACE (State or Foreign
	002-22-1837	1 M 2 🗆 F	65 YRS.	ONTHS DAYS	HOURS MM.	January 2:		Pennsylvania
~	9a. FACILITY NAME (If not institution, give a	treet and number)			R LOCATION OF DEA	тн	9c, COUNTY	
DIRECTOR	1125 Beall Place			Laure			Princ	e George
EC	10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10d, INSIDE CITY
	Maryland Princ	ce George	Lo	urel				1 YES 2 NO
FUNERAL	1125 Beall Place				ZIP CODE 707		USA	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO		city Cuban, Mexican,	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No 14. F	RACE — American Indian, Black, White, ac- Specify: WHITE
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U: (Give kind of wo. life. Do NOT use	rk done during mos	N at of working	16b. KIND OF BUS	INESS/INDUST	RY .
P	XX 12	7	Research	Analus	t	Departme	nt of 1	Dohonso
ON	17. FATHER'S NAME (First, Middle, Lest)			11100000		E (First, Middle, Malden		CHEIGE
BEC	Anthony P. Zukaski	у			Mary Kla	izus		
TO B	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		
	Helen Zukasky					rel, Mary		
	20g METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	oval from State 20t	netary, cremetery or other				CATION — City	
	4 Donation 5 Other (Specify)		by file C					Maryland L Home. Inc.
	11/25	11.14	1=0					el, Md. 20707
	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do no	t enter the mo	de of dying, such	as cardiac or respi	ratory arrest,	Approximata
	IMMEDIATE CAUSE (Final	List only one cause on e						Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS	1166	MYELO	MA			2425
		DUE TO (OR AS	CONSEQUENCE OF):	,				
ON	Sequentially list conditions,	DUE TO (OR AS	CONSEQUENCE OF):					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		t obtioned bline. Of j.					
IFI	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):					
E	reaulting in death) LAST	d						
	PART II. Other algolificant condition	a contributing to death t	out not resulting in	the underlying	cause given in P	Part I. 24e. WAS AN	AUTOPSY T	24b. WERE AUTOPSY FINDINGS
CAL						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC						1 YES 2	€ NO	OF DEATH?
2							1000	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Chec	ck only one)		
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER: Nursing Hom	5 Residence 6	☐ Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	WO WO	URY AT RK?	28d. DESCRIBE HOW II	NJURY OCCURE	0
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, str cify)	set, factory, office		28f. LOCATION (Street a City or Yown, State)	nd Number or Ri	ural Route Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	dedge, death occurred	at the time date	and place, and due to	o the cause(s) and man	nor on stated	
ME	e e e e e e e e e e e e e e e e e e e	R: On the basis of examination						use(s) and manner as stated.
ECC	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUME			NED (More), Day, Year)
0	Merzy R.	Hun	40		D082	46	D 8	16/93
2	20. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	rint)				1 BALTO
2	MEYER R. 1	HEYMAN	M.D.	UNI	M OM .	6SP. 22	SGMEE	NZ ST MD 21241
X	31. DATE FILED (Month Day, Year)	2 GISTRABIC SICH	LATURE	No.				
	The state of the s	200						



STANDARD AND PROPERTY AND ADDRESS OF

		STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
10		Marian ELizabeth AMOSS 2. Date of Death Month Day YEAR 1993 703 A
		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTHPLACE (State of Formion
#K/2		212-38-4502 1 D M 2 XF 86 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 10-23-1906 MD Be. FACILITY, NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
	CTOR	Hartord Memorial Hospital Havre de Grace, Hd. Hartord
1.	DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
permit. P	AL DI	MD Harford Havre de Grace 1⊠ YES 2 □ NO
agi.	ERA	101. STREET AND NUMBER 315 Giles Street 109. CITIZEN OF WHAT COUNTRY? 21078 USA
5-0020 nding physician. is the burial-transit	BY FUNER	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, apecify Cuban, Maxican, Puerto Rican, etc.) 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 14. RACE — American Indian, Black, Whita, atc. 15. Wildowed 4 Divorced 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OR INDIAN (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OR INDIAN (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OR INDIAN (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OR INDIAN (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OR INDIAN (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OR INDIAN (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OR INDIAN (Specify Yes or No H. RACE — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OR INDIAN (Specify Yes or No H. RACE — American Indian, Black,
- 6 (0	ED B	15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY
21. 0 0 0		(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.)
the hospital detached for once.	COMPL	2 Elementary School Teacher County Government 7. FATHER'S NAME (First, Middle, Lest) 10. MOTHER'S NAME (First, Middle, Meiden Surneme)
8 2 E	BE C	Robert Percy Hanway Marian Virginia Courtney
MA retain 5 sho	5	9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Miss Hannah F. Hanway 702 Idilewild Road, Bel Air, MD 21014
\$ 8 a		10a. METHOD OF DISPOSITION M Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State camelary, cremation, or other place)
		Donation 5 Other (Specify) Calvary Church Cemetery 7/26 Creswell, Maryland 22. Name and address of Facility
BALTIN after death. Pag by the funeral di moval. ical examiner		Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197
W 760, uted within 24 hours after completely filled in by the riral, cremation, or removing event, the medical	7	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Linfanction with Cardial Auditory with Cardial Audi
, F.O. BOX 6 eath certificate be exec attending physician and attending yysician and y, or other traumat	CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST
LL RECORDS, law requires that the dea as been signed by the atl bept. of Health and Mental 23 shows any Injury,	MEDICAL	PART II Other significant conditions contributing to deeth but not resulting in the undaritying ceusa given in Part i. 24a. WAS AN AUTOPSY PINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	PHYSICIAN	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
FHY This state of		7. MANNEW OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28b. TIME OF INJURY AT WORK?
OR ATTENDING DIRECTOR: After hours after death item 28 is mail	TED BY	2 Accident 3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
7 7 7	COMPLET	Se. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.
TO THE HOSPITA TO THE FUNERA DE filed within 7 IMPORTANT: 1	BE	96. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Must Day Hair)
	٩	Edward CLOO 319 S. Union St. Holb, MD 21078
		1. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Subject of the Savidson - Rondolle

1. DECEDENT'S NAME (First, Middle, Lant GRACE	YCE	А	UTREY					ATE OF E	25 DAY	Y	9 3 AR	3. TIME OF DEATH 8:28 P
4. SOCIAL SECURITY NUMBER 215-62-6434	5. SEX	6. AGE (In y	rs. lest birthdey) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 H	ns. 7. 1	ATE OF B	195	2	Coun	HPLACE (State or Foreign try) Lington. D
9a. FACILITY NAME (If not institution, give MEMORIAL HOSP						RLAND					LEGA	
PRESIDENCE OF DECEDENT 10a. STATE MD Anne	Arundel		10c, CIT	Y, TOWN O	adys							10d. INSIDE CITY LIMITS? 1 YES 2 YHO
100. STREET AND NUMBER 1190 Bayview A	venue				101	20764				-		WHAT COUNTRY? States
11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	2 DNO	- 11	If yes, sp	ENDENT DF H ectity Cuben, M 2 XXD	exican, Pu	RIGIN? (Sp orto Rican	pecify Yes	or No-	14. RAC Blac Spec	E — American Indian, ck, Whita, atc. city: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			e. DECEDENT'S (Give kind of life. Do NOT u HOM	work done done retired.)	during mo	ON at of working		16b. KIN	D OF BUSI	iness/ini Hon		
17. FATHER'S NAME (First, Middle, Last) Warren Dillinge	r, Jr.					18. MOTHER		irst, Middle Ce W		Surname)		
19a. INFORMANT'S NAME (Type/Print) Grace Dillinger						AVENU	Rural Route	Number, C	ity or Town		207	764
20a. METHOD OF DISPOSITION	movel from State	20b.PL	ACE AND DATE	OF DISPOSI	ITION/Na	ime of	20 02	DATE	20c, LOC	ATION —	City or T	own, Stata
Donation 8 🗆 Other (Specify)		- Hil	elcrest	Cem	eter	Ly 7-3	00-93		Ann	apox	us,	Maryland
		- Hi	Ucrest	22.1 14	eter NAME AN 7 Du	the of	GLOU	John cest	M. er S	Tayl t. A	lor 1 Innap	Maryland Funeral Ho oolis, MD
Donation 8 🗆 Other (Specify)	complications the	it caused the	e death. Do	not anter	the mo	ike of	auch as	cest	er S	t. F	Annap	Maryland Funeral Ho polis, MD Approximate Interval Betwo
21. SIONATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications the List only one cau a	t caused the see on each (OR AS A CO	ie death. Do	not anter	the mo	the of	auch as	cest	er S	t. F	Annap	Approximate Interval Between
21. SIONATURE OF FUNERAL SERVICE I 23. PART I. Enter the diseases, or ahock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	(OR AS A CO	INSEQUENCE O	14 not anter	the mo	de of dying,	auch an	Cesa cardiac	er S	AUTOPSY	Annaj.	Approximate Interval Between
21. SIONATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	(OR AS A CO	INSECUENCE OF THE PROPERTY OF	If the un								
 | the mo | de of dying, | auch aa | Cesa
cardiac | WAS AN A PERFORI | AUTOPSY | Annaj. | Approximate Interval Betwoonset and Da Onset . PART I. Enter the diseases, or shock, pr heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions or conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 112 Ingulant 2 [28a. DATE OF | (OR AS A CO | DISEQUENCE OF THE PROPERTY OF THE
PROPERTY OF THE PROPERTY OF | If the unit of the | the mo | g cause give | n In Part | I. 24e Other (Sp. DESCRIE | WAS AN A PERFORI | AUTOPSY MED? | 24i | Approximate Interval Betwoonset and Da Onset . PART I. Enter the diseases, or shock, pr heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending | DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO C. DUE TO DU | (OR AS A CO
 | DOSEQUENCE OF THE PROPERTY OF | If the unit of the | the mo | g cause give ACE OF DEATH ON 5 Paside USY AT RK? YES 2 X NO | n in Part | I. 24a Other (Sp. DESCRIE SSE | . Was an a perform ves 2 | AUTOPSY MED? NO NJURY OC R IN | 244 | Approximate Interval Betwoonset and Da Onset . PART I. Enter the diseases, of ahock, pr heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST PART III. Other algnificant conditions in death initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation and investiga | DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO 28a. DATE OF OTHER TO SHIRLS IN THE OF SHIRLS IN THE OF SHIRLS IN THE OF SHIRLS IN THE OF SHIRLS IN THE OF SHIRLS IN THE OF SHIRLS IN THE OF SHIRLS IN THE OF SHIRLS IN THE OF SHIRLS IN THE OF SHIRLS IN THE OF SHIRLS IN THE OF
SHIRLS IN THE OF SHIRLS | (OR AS A CO (OR AS | int 3 DOA At home, farm, in telege, death occurs | other | the mo | g cause give ACE OF DEATH OUT AT OUT | n In Part | I.
24e Other (Sp. DESCRIE SSE LOCATIO Chy or To ROU e cause(a | . WAS AN A PERFORI | AUTOPSY MED? NO NO NO NO NO NO NO NO NO N | 244 COURED J AU or or Rural | Approximate Interval Betwoonset and Da Onset THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within motours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/11/93 t.t

93 23109

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR									S. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						Smil	2. DATE		ATH DAY		YEAR	3. TIME OF	DEATH
GEORGE FO 4. SOCIAL SECURITY NUMBER	RD BER					1	0.		29	199		1836	
577-82-4523	5. SEX 6.	AGE (In yrs.	YRS.	MONTHS	DAYS	HOURS MIN	7. DATE (Mont	of Bir	196		Counti	inia	or Foreign
9a-FACILITY-NAME (If not institution, give a WOODED area of	inet and number)	ute 9	97-	9b. CITY	Y, TOWN	OR LOCATION OF			_	c. COUN			
Northbound					Cro	wnsvil	le		7	Anne	e A	runde	1
10e. STATE 10b. COUNTY	Y		10c. Cr	TY, TOWH	OR LOCA	TION		_				10d. INSIDE	CITY
Maryland Princ	ce George's	S	Т	emple	∍ Hi	11s						LIMITS?	
10a. STREET AND NUMBER						f. ZIP CODE			1	log. CITIZ	EN OF V	VHAT COUNTE	
3027 Brinkley Rd	1. #202					2074	3			U.S	S.A.		
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2	ARMED		If yee, ap	CENDENT OF HIS Decify, Cuban, Men 3 2 1 NO Sp	Icen, Puarto			No-		American k, White, etc.	Indian,
15. DECEDENT'S EDU	CATION	100	DECEDENT'S	S LIGUAL O	CCHIDATI	ON		KIND	OF BUSIN	500 (1110)		DIGCK	
(Specify only highest grade Elementary/Secondary (0-12)	completed)		(Give kind of life. Do NOT	work done	during me	ost of working	100	. KIND	or Busin	ESS/INDI	Joint		
comenusy/secondary (0-12)	College (1-4 or 5+)		Disa	abled	1			N/	A				
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (First,			meme)	-		
George F. Berry	Jr.					Section Control of the Control of th	oanah						
19e. INFORMANT'S NAME (Type/Print)						end Number or Ru							
George F. Berry,	Jr.					P1., S							
20a METHOD OF DISPOSITION 1/ Burlet 2 Cremation 3 Rem	ound force Otel	20b. PLAC	EANDDATE	OF DISPO	SITION (N	ame of	OAT	E 2	Oc. LOCAT	TION — C	aty or To	wn, Slate	
4 Donetion 6 Other (Specify)		St. Ba	cremetory, or arnaba	other place)	is.	Ch. Cer	n. 8/4	1/93	Tem	ple	Hi1	ls, Mo	1.
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22	NAME A	NO ADDRESS OF	FACILITY						
//	12/11				Geor	rge P.	alas	ı uı	егат	HOL	ne		
23. PART I. Enter the diseases, prosphock, op haert failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	NO ANATOMI	on each ii	oxicolo	not enter	6160 r the mo	Oxon ode of dying, a	Hill R	Rd.	Oxon	Hi	11,	Appro	745 eximate and Betwee
ahock, dir haert failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	NO ANATOMIO DUE TO (OF	on each il	ING. OXICOLO BEOUENCE (not enter	6160 r the mo	Oxon ode of dying, a	Hill R	Rd.	Oxon	Hi	11,	Appro	ximate ni Betw
ahock, dir haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. NO ANATOMIO DUE TO (OI DUE TO (OI C.	C OR TO	INE. OXICOLO SEQUENCE O SEQUENCE O	not enter	6160 r the mo	Oxon ode of dying, a	Hill R	Rd.	Oxon	Hi	11,	Appro	ximate ni Betw
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ahock, de/haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OF DUE TO (OF d.	C OR TO	IND. X I COL O SEQUENCE (SEQUENCE (SEQUENCE (not enter	AUSE	O Oxon 3 ode of dying, a	Hill R	24a. V	Ox on reapirat	Hillibry arres	11 , oat,	Approintervi	ximate ni Betw and Da and Da sy Finding
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ahock, di/haert failure. iiMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF OEATH	B. DUE TO (OI D. DUE	C OR TO	SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	not enter	AUSE 20. P	O OXON 3 Dode of dying, a OF DEATH	in Part i.	24a. V	Ox on reapirat	TOPSY ED?	246	Approintervi	ximate ni Betw and Da and Da sy Finding
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the building the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to building, ceremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

ours after death. Page 6 may be retained by the hospital or attendin

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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_	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI	MENT OF HEALTH A	AND MENTA H	AL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	201			2. DATI	E OF DEATH	YEAR	3. TIME OF OEATH
	BABY	BOY		YANT	JI	ULY 29, 19	993	5:38A ™
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 2		E OF BIRTN ith, Day, Year)	Counti	
	9a. FACILITY NAME (If not institution, give :		THS.		33 07/	29/93		aryland
E	THE JOHNS HOP	,	TAL	9b. CITY, TOWN OR LOCATION		1.00	DUNTY OF D	
18	RESIDENCE OF DECEDENT	KINS HOSFI	TAL	BALTIMORE	CITY	B	BALTIM	ORE CITY
DIRECTOR	10a. STATE 10b. COUNT			TOWN DR LOCATION				10d. INSIDE CITY LIMITS?
	<u>Maryland</u> Balt	imore City	Bal	timore City				1 VES 2 ND
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		1		VHAT COUNTRY?
뿐	229 North Dun	can Street		21231			.S.A.	
	1 Never Married 2 Married	FORCES? 1 1	ES 2 X ND	13. WAS DECENDENT OF If yes, specify Cuben,	Mexicen, Puarto	N? (Specify Yea or No— Rican, atc.)	Bleci	— American Indian, c, Whita, etc.
B	3 Wildowed 4 Divorced	IF TES, GIVE WAR O	R DATES	1 TYES 2 X NO	Specify:		Speci	™ Black
9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	ISUAL OCCUPATION ork done during most of working	161	b. KIND OF BUSINESS/	INDUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
COMPL	42 547115716 114115 45 114115 45							
	17. FATHER'S NAME (First, Middle, Last) Bryant	Alston		ı		Middle, Maiden Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)	AISTOIL	19h MAII ING	AODRESS (Street and Number of	nisha	Bryant	7.0.1.	
2	Tanisha Bryant			rth Duncan S				1231
	20a. METHOD OF DISPOSITION	Mara and a second	20b. PLACE AND DATE OF	DISPOSITION (Name of	DAT DAT			
	4 Donation 5 Other (Specify)	oval from Stata	cemetery, crematory or oth	er plece)				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS	OF FACILITY			
	THE JOHNS HO			600 N. Wol				21287
	23. PART i. Enter the diseases, or a shock, or heart failure.	Emplications that cau List only one cause of	ised the deeth. Do no n each line.	t enter the mode of dying	g, such es can	diec or respiratory	errest,	Approximete interval Batween
	IMMEDIATE CAUSE (Final disease or condition	1.	1	1				Onset and Death
	resulting in death)	e. CALL	S A CONSEDUENCE OF)	wer.				10 min
z		Solil	AS A CONSEDUENCE OF)	abuite				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR /	S A CONSEDUENCE OF)	my wary.				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	a lha	AS A CONSEDUENCE OF	oners				
	that initiated events resulting in death) LAST	OUE TO (DR /	AS A CONSEDUENCE OF)					
병		d						
AL	PART II. Other aignificant condition	a contributing to deat	h but not resulting in	the underlying cause give	ren in Part I.	24a. WAS AN AUTOPS PERFORMED?	Y 24b.	WERE AUTOPSY FINDINGS
MEDIC						1 YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
뿔								1 NES 2 NO
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEA	TN (Check only or	ne)		
ΙλS	1 YES 2 NO	1 Inpatient 2 I ER/0	Outpatient 3 DOA	Nursing Home 5 - Resid				
	1 Natural 5 Pending	(Month, Day, Yes		OF 28c. INJURY AT WORK? M 1 YES 2 1		SCRIBE HOW INJURY O	CCURED	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE DF INJ	URY — Al home, farm, str			CATION (Street and Numb	her or Sured S	Inute Mumber
밀	4 Nomicide Could not be	building, atc. (Specify)	,,	City	or Town, State)	Jei or nover n	oute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my k	nowledge death occurred	at the time, date end place, as	and due to the one			
ME				in my opinion, death occured				end manner as stated.
	290. SIGNATURE AND SITLE OF CONTIFIES		1/15	29c. LICENS				(Month, Day, Year)
) BE	* LEOU	5	MID	1 104	119,	64.	OZ/	99/8
2	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF	DEATN (ITEM 27) (Type, F	rint)			-//	
	31. DATE FILED (MONTO DE 6") 1993	32. HEGISTRAR'S S	IGNATURE					

by the hosp	be detached	at once.
be retained	le 5 should	notified
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Deut, of Heath and Mental Houlene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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eath certifica	rttending ph tal Hygiene	, or other
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law requires	is been signed eat. of Hea	23 shows
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DING PHYS	After this death with	s marked,
OR ATTEN	DIRECTOR:	item 28 i
E HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dent, of Health and Mental Houlene prior to burial, cremation, or removal	RTANT: H
ET CL	TO THE	MPO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		ATE OF DEATH		REG. NO		
	7	GRATE BROC	DKS	2. DAT MON	E OF DEATH D	1993	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-64-1379	1 D MXXXX		UNDER 1 YEAR IF UNDER 24 HR HTHS DAYS HOURS MAY	8. 7. DAT	E OF BIRTH	-53	BIRTHPLACE (State or Foreig Country)
So. FACILITY NAME (If not institution, give ANNE ARUNDEL ME	CDICAL CENTER	98	ANNAPOLIS	F DEATH		9c. COUNTY	Y OF DEATH
10e. STATE 10b. COUL A.A.	NTY	10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
1911 C. COPELAN	ND STREET		101. ZIP CODE 21401				N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Total	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Sp	xican, Puerto	IN? (Specify Yes Rican, etc.)	or No 14	RACE — American Indian, Black, White, stc.
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	life. Do NOT use re	done during most of working	16	b. KIND OF BUS	SINESS/INDUS	тну
17. FATHER'S NAME (First, Middle, Last) SAMUEL BARNETT	DE GRATE				Middle, Meiden		
190, INFORMANT'S NAME (Type/Print)			ROYAL STREE				
20st/METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	- CR	Plege PK. 7-30-9	3 ¦	A.A	CO. 1	
21. SIGNATURE OF FUNERAL SERVICE CHARLES E. I	1/	4)/4 H	A. NAME AND ADDRESS OF				MD. 21401
	14 1	Vecks	HOUSE OF HIC				
23. PART I. Enter the diseases, of ahock, or heert feilur IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that caused e. Liet only one cause on ea	BRSZ	enter the mode of dying,				
IMMEDIATE CAUSE (Final disease or condition	e. Liet only one ceuee on ee B. DUE TO (OR AS A. DUE TO (OR AS A.	och Ilne.	enter the mode of dying,				t, Approximate Interval Betw
snock, or heert reliur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF):	enter the mode of dying,	Ruch as ca		AUTOPSY MED?	t, Approximate Interval Betw
snock, or heert reliur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	EONSEQUENCE OF): CONSEQUENCE OF): At not resulting in the	enter the mode of dying, and the underlying cause given the underlying caus	In Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the street of th	the underlying cause given 26. PLACE OF DEATH THER: Nursing Home 5 Residen 28c, INJURY AT WORK? M 1 YES 2 NO	In Part I. (Check only cee 8 Oth 28d, DE	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions in yes 2 No 27. MANNER OF DEATH Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in to the street of the stree	26. PLACE OF DEATH THER: Nursing Home 5 Residen 7	In Part I. (Check only of the control of the time, det)	24a. WAS AN PERFOR 1 YES 2 or (Specify) ESCRIBE HOW II CATION (Street at or Town, State)	AUTOPSY MED? NO NJURY OCCUP Ind Number or	24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING F	THE FUNERAL DIRECTOR: After I	filed within 72 hours after death	PORTANT: If Item 28 is mar
2	2	8	X

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL	HYGIENE
CERTIFICATE OF DEATH		BEG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.		40116
	1. DECEDENT'S NAME (First, Middle, Last)	<u> </u>				2. DATE OF DEATH MONTH DAY	YEA	3. TIME OF DEATH
	CLARENCE		BRO	WN		07 22	-02	/ EO A)4 M
			MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State & Foreign untry)
	214-19-9029 9a. FACILITY NAME (If not institution, give stre-		2 YRS.			JAN. / 191	MA	RYLAND
Œ				CITY, TOWN O	R LOCATION OF D	EATH	Bc. COUNTY O	F DEATH
18	NODTH ADUNDEL HOSI	PITAL ASSOCIA	TION	GLEN I	BURNIE		A.A	• COUNTY
DIRECTOR	10a. STATE 10b. COUNTY	ADIMEDIA		OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		ARUNDEL	GAMB	RILLS				1 YES 2 NO
HA	100. STREET AND NUMBER 1188 SUMMERFIELD	DOAD		101.	21054		-	F WHAT COUNTRY?
FUNERAL		12. WAS DECEDENT EVER IN U.	0 40450					.S.A.
	1 Never Married 2 Married	FORCES? 1 YES 2	2 NIO	If yes, spe	cify Cuban, Maxic	NIC ORIGIN? (Specify Years, Puerto Rican, atc.)	8	ACE — American Indian, lack, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE HAR OR DATE	5	1 TYES	2/NO Speci	у:	S	BLACK
E	15. DECEDENT'S EDUCA (Specify only highest grade co	TION 16	e. DECEDENT'S USL (Give kind of work	AL OCCUPATIO	N et al working	16b. KIND OF BUSI		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	a or froming	D = 1 - 1 - 1	TE CON	mp . cmop c
COMPLET	17. FATHER'S NAME (First, Middle, Last)		TRUCK D	KIVEK				TRACTORS
	HERBERT BROWN					ME (First, Middle, Malden S DORSEY	umame)	
BE	18a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street or		Route Number, City or Town,	Ohnto Zin Conto	
은	MARY E. BROWN					GAMBRILLS,		
	20a. METHOD OF DISPOSITION		ACE AND DATE OF D			OATE 20c. LOC	ATION — City or	Town, Stata
	1 Structed 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State Competer	TABOR C	HURCH (CEME.	7-27-93 C	HESTER	FIELD, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			D ADDRESS OF FA			
	Larry S:	Bosse		REESE 821 WI	& SONS	MORTUARY, F ANNAPOLIS,	A. MD. 21	401
	23. PART i. Enter the diseases, or con ahock, or heart failure. Lie	mplications that caused that only one cause on each	a death. Do not	entar tha mod	da of dying, auc	h as cardiac or respir	story arrest,	Approximata interval Between
1	iMMEDIATE CAUSE (Final disease or condition	1			ŋ			Onset and Death
	reauiting in death)	DUE TO (OR AS A CO	ndicul	en	10,014	ne		
_		CC.	MSECUENCE OF):	(()	4	- 1		
흔	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):	Con	die by	opers		-
₹	cause. Enter UNDERLYING CAUSE (Disease or injury	000	ang	- gut	4 6	reese		ļ
151	that initiated events resulting in death) LAST	OUE TO (OR AS A CO	NSEQUENCE OF):					
CERTIFICATION	d.							
AL.	PART ii. Other aignificant conditions	contributing to death but r	not reaulting in th	ne underlying	cause given in	Part i. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS
MEDIC						PERFORM 1 VES 2	100	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W								1 TYES 2 NO
ä								
PHYSICIAN:		HOSPITAL:	01	26. PL/	ACE OF OEATH (Ch	eck only one)		
IYS	1 YES 2 NO 1	Inpatient 2 ER/Outpatie	nt 3 🗆 DOA 4 🗆	Nursing Home		6 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME OF	WOF	RK?	28d. DESCRIBE HOW IN.	JURY OCCURED	
B	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF INJURY —	At home, farm, street		ES 2 NO	28f. LOCATION (Street an	d Museline on Chin	- Court At - A
回	4 Homicide 8 Could not be determined	building, etc. (Specify)		, ractory, office		City or Town, State)	a Number or Hur	al Pioure Number,
LET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledg	a death occurred at	the time date :	and place, and dur	40 the courted and arrange		
COMPL		On the besis of examination an						e(a) and manner as stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIER	A		1	LICENSE NUI			EO (Month, Day, Year)
00		()(AFOR	▶ n_	25-1931
유	30. NAME AND ADORESS OF PERSON WHO						//-	15
	CHARLES WU, M.D./1	600 CRAIN HIG	GHWAY, SV	<i>l</i> . #306	/GLEN_BI	JRNIE. MARY	LAND 3	21061
	31. DATE FILED (Month, Day, Mar) 1993	ALLA LAMAGON	Indall.					
т И	1000							



STATE OF MARYLAND					MENTAL	HYGIENI
	CERTIFICATE	0	F DEAT	TH		REG. NO.

	1 - FOR STATE OF STAT	F MARYLAND / DEPA CERTI	ARTMENT OF HEAL		TAL HYGIENE REG. NO.		20110
35	1. DECEDENT'S NAME (First, Middle, Last) May Byckley				DATE OF DEATH	93 YEAR	2. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-32-4344	6. AGE (In yrs. lest birthday	MONTHS DAVE MONT	MOER 24 HRS. 7. D	MATE OFFBIRTH Month, Day, Way)	Count	HPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and numbersity of MD Cancersity of MD Ca	33	96. CITY, TOWN OR LO	CATION OF DEATH		9c. COUNTY OF D	more City
DIRECTOR	10a. STATE 10b. COUNTY MD Allegany		Cumberland				10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 220 Schlev Street	<u></u>	10f. ZIP (CODE 1502		10g. CITIZEN OF V	
BY FUNI	11. MARITAL STATUS 12. WAS DECE	EOENT EVER IN U.S. ARMED 1 YES 27 NO IVE WAR OR DATES	13. WAS DECENDE	NT OF HISPANIC OF Cuban, Maxican, Pus	RIGIN? (Specify Yes o arto Rican, atc.)	or No — 14. BAC	E — American Indian, ik, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BUSIN		WILLCE
OMP	17. FATHER'S NAME (First, Middle, Last)	assı	stant profe		Colle		
	Francis P. Burns		10. 4		First, Middle, Meiden Sc a Monahai		
TO BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAJLIF	NG ADDRESS (Street and Nu				
٦	Mr. James P. Buckley		Schley Stre				
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify)		e of disposition (Name of other place) ph's Cemete:	ry 7-	-19 Mi	ation - city or to	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	selli	Scarpe	OM basi	eral Home		
	23. PART Enter the diseases, or complications shock, or heart fallure. List only one	that ceused the daeth. Do cause on each line.	not enter the mode of	dying, such ss	cardisc or reapira	story srrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	liac Ane	It / Carde	ovascul	las coll	lapse	30 min
NO	Sequentially list conditions,	LIAC AME E TO (OR AS A CONSEQUENCE THE TO (OR AS A CONSEQUENCE LIAD COMPANIENCE E TO (OR AS A CONSEQUENCE	emia ble	ast cri	isis		days to
ATIC	if any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEQUENCE	OF):	1011.1	10 2 10		west
CERTIFICATION	CAUSE (Disesse or Injury that Initiated events resulting in death) LAST	E TO (OR AS A CONSEQUENCE (OF):	eng or	may		guns
¥	PART II. Other significant conditions contributing	g to deeth but not resulting	in the underlying ceu	se given in Part	I. 24a. WAS AN AL		WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC					1 TYES 2	7	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE O	OF OEATH (Check on	ily one)		
HYS	1 YES 2 NO 1 Inpatient	2 ER/Outpatient 3 DOA E OF INJURY 28b. Til	4 Nursing Home 5				
BY PH	1 Natural 5 Pending (Monitor 2 Accident Investigation	th, Day, Year)	NJURY WORK? M 1 YES		DESCRIBE HOW INJ	JURY OCCUREO	
	3 Suicide 6 Could not be 4 Homicide determined	CE OF INJURY — At home, farm, fing, atc. (Specify)	, street, factory, office		LOCATION (Street and City or Town, State)	d Number or Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2						a) and manner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER ALL W)	/ DATAL	LICENSE NUMBER	Hoso.	≥ 2/5	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF	CAUSE OF DEATH (ITEM 27) (Typ	et MD 2	1201	7-3	111.01	10
	31. DATE FILED (Month, Day, Year) JUL 191993 32. REGIS	STRAR'S SIGNATURE					

	REGISTRAR		CERTIFIC	ATE OF DEAT	H	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) I'RENE To I	TheLma Boud			2. DATI	OF DEATH	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-42-4859	1 🗆 M 2 🖎 F		FUNDER 1 YEAR IF UNDER DAYS HOURS		OF BIRTH th, Day, Year)	Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give RFD#1 BOX#190 RESIDENCE OF DECEDENT	street and number)	9	SPRING	ON OF DEATH	md. A	NTY OF DEAT	
- DIRECTOR	10a. STATE 10b. COUNT	llegany	10c. CITY,	ORING (SAP			Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	RFD#1 BOX#190			21555	5		U.S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF IT YES, specify Cuber 1 YES 2 NO	n, Mexican, Puerto	N? (Specify Yes or No Rican, etc.)		American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)			k done during most of working etired.)	g	LIQUICE WEED		7. 11
	17. FATHER'S NAME (First, Middle, Last) WILLIAM FLEEG	TP	HOUSE KI	18. MOTH	ER'S NAME (First,	HOUSE KEEP Middle, Meiden Surname)	EK	
BE	19a. INFORMANT'S NAME (Type/Print)	TLE .	19b. MAILING AI	DORESS (Street and Number	MA LONG		n Codel	
2	JOYCELYN C. GRAH	AME		MECHANIC ST				AND 21502
	20e, METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	S	b. PLACE AND DATE OF I	SPAUL CEMET		Y 21 1993	City or Town, CUMBER	State RLAND MD.
	21. SIGNATURE OF FUNERAL SERVICE II	Merutt		MERRITT—AI		ERAL HOME ET CUMBERL		1ARY LAND
	23. PART 1. Enter the diseases, pr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MVOCA	A ROIAL	INIFAR	CT101	Y		Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	cardiouc	13 CULA	rd1seas	£	5725
AL C	PART II. Other aignificent condition	na contributing to deeth I	but not resulting in	the underlying cause g	iven in Part i.	24a. WAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
: MEDICAL						1 TES 2 THO	OF	OMPLETION OF CAUSE DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE	ATH (Check only o	ne)		
PHY	1 V YS 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	OF 28c, INJURY AT		er (Specify) SCRIBE HOW INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stre	et, factory, office	281. LOC City	CATION (Street and Number or Town, State)	r or Rural Rout	e Number,
COMPLETE		SICIAN: To the best of my know ER: On the basis of examination						nd manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE LONGON TO WELL	my mp	DME	29c. LICE	NSE NUMBER	29d. DAT	E SIGNED (M	orith, Day, Year)
	DONALD W-	OCOMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	LBOX 8	28 (umb M	1.	
	JUL 20 1993	THE GISTRAR'S SIGN	NATURE					

20	ysician.	rrial-transit purme P	y
BALTIMORE, MARYLAND 21215-0020	ther death. Page 6 may be retained by the hospital or attending p	r the funeral director, page 5 should be detached for use as the b loval.	al examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Reath and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. OECEDENT'S NAME (First, Middle,	Last)						2. DATE	OF DEATH		WE 4-	3. TIME OF OEATN	
	DWIGHT A.	BRADLEY	<u></u>					7-1	18-93	47	PASY	11:58 P. M	
	4. SOCIAL SECURITY NUMBER 234~11-6706	5. SEX 1 1 XM 2 1 F	6. AGE (In yrs. les		IF UNDER 1 1	EAR AVS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH 1. Day, Year) -01-19	65	8, BIRTH Count MD	IPLACE (State or Foreign y)	
DIRECTOR	9a. FACILITY NAME (If not institution, MEMORIAL HOS	PITAL					R LOCATION OF D			9c. COU	NTY OF D		
딟	RESIDENCE OF DECEDEN 10a. STATE 10b. CC			10c. CITY	TOWN DR	OCAT	ION					10d. INSIDE CITY	
등	WV	Jefferson	1									LIMITS?	
AL.	10e. STREET AND NUMBER			Harpers Ferry,						10g. CITIZEN OF WHAT COUNTRY?			
ER	P.O.Box 972			25425					USA				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FDRCES?	NT EVER IN U.S. ARI 1 YES 2 X N WAR OR DATES	MED	If y	es, spe	ENDENT OF NISPA	SPANIC ORIGIN? (Specify Yea or No— xican, Puerto Ricar, etc.)			Bleck	14. RACE — American Indian, Black, White, etc. Specify:	
												white	
	15. DECEDENT'S (Specify only highest	grade completed)	(G/	Ve kind of wo Do NOT use	rk done duri	JPATIO ng mos	N at of working	16b.	KINO OF BUS	SINESS/INC	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	+)	emplo					Cive	es St	eel	Co.		
8	17. FATHER'S NAME (First, Middle, Las	1)					18. MOTHER'S NA						
BE	Robert K.	Bradley							Bucy				
5	19a. INFORMANT'S NAME (Type/Print) Mrs. Paula (. Bradlev	195				nd Number or Rural	Ploute Numb	er, City or Town	n, State, Zip	Code)		
	20a. METHOO OF DISPOSITION 1		20b. PLACE A	ND DATE DE	DISPOSITIO			OATE	20c. LOC	CATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)	Removal from State	Sunse	natory or other	moria	1 1	Park	7-2				nd, MD	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		11			D ADDRESS OF FA						
	23. PART L'Enter the diseases	78/00	roll	li		mr	rpelli F berland.	MD 1	21502				
	shock, or heert fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Mu			with	re	espirato	ry co	mplic	atio	ns	Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Mo	torcycle O (OR AS A CONSEQ	accio	dent								
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	(DR AS A CONSEQ	UENCE OF):									
	PART II. Other significent cond	itions contributing to	deeth but not re	sulting in	the unde	rlying	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL									PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
_ 16												1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:				26. PL/	ACE DF DEATH (Ch	eck only one)				
2	1 X YES 2 NO	1 & Inpetient 2	ER/Outpatient 3		OTHER: ☐ Numling	Home	5 - Realdence	6 🗆 Other	(Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE DE (Month, L	F INJURY Day, Year)	26b. TIME (TY .	c. INJU WOR	IK?		CRIBE NOW IN			11 '	
፳▮	2 Accident Investigat		29	11:	2/1		ES 2 XND					collosion	
COMPLEIED	3 Suicide 6 Could no 4 Homicide determine	d	of INJURY — At hor , etc. (Specify)	ne, farm, str	et, factory,	offica		Of 1	TIDN (Street as or Town, State) Pinedo:	TKHOB ra Si	Tey"	Road in from	
	29a. CERTIFIER 1 CERTIFYING P	NYSICIAN: To the best of		th occurred	at the time.	deta a	and place, and due					WV	
5 II		MINEH On the seals of s										and menner as stated.	
5		resen)				T	29c. LICENSE NUI			29d. DATI		(Month, Day, Year)	
H H	296 GIGNATURE AND TITLE OF CERT		Dent	Nod v	EX		DOGIET	/			7/1	0/03	
H H	38. NAME INO ADDRESS OF PERSON			y Med			D09157			<u> </u>	7/1	9/93	
TO BE COL	Daul	WHO COMPLETED CAU	SE OF DEATH (ITEM	27) (Type, P	rint)	umk			21502		7/1	9/93	

TO BE COMPLETED BY FUNERAL DIRECTOR

									REG. N			
1. DECEDENT'S NAME (First, Middle, Last)					DEAT		2, DAT	E OF DEATH			3. TIME OF DEATH
MARYLAND NMI BOO	OTH							07	23	DAY 19	993	14:30 Pm
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	-		OF BIRTH		8. BIRTI	HPLACE (State or Foreign
213-09-8572	1 □ M 2XXF	77	YRS.	MONTHS	DATS	HOURS	MIN.		0/18/			YLAND
Sa. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN 0	R LOCATIO	ON OF DE	ATH		9c. CO	UNTY OF D	DEATH
SACRED HEART HOS	SPITAL			CUMI	BERL	AND,	MAR	YLAN	ID	ALI	LEGAN	Y
10e. STATE 10b. COUN			10c. CIT	V. TOWN C	R LOCAT	ION						10d. INSIDE CITY
MARYLAND AI	LLEGANY		7					F	ROSTB	URG		LIMITS? 1 YES 27 NO
10e. STREET AND NUMBER					101.	ZIP CODE				10g. C	TIZEN OF	WHAT COUNTRY?
17504 TOP ROW			_			21	532				U.S	.A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARA	MED O	13. 1	WAS DEC	ENDENT O	F HISPAN	IIC ORIGI	N? (Specify Rican, etc.)	Yes or No—	14. RACI Blac	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES				2 X NO			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Spec	efy:
15. DECEDENT'S ED	UCATION	16a. DEC	CEDENT'S	USUAL O	CCUPATIO)N		16	b. KIND OF	HISINESS/II	MULISTRY	WHITE
(Specify only highest grace Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	ve kind of v Do NOT us	work done o	during mos	st of working	g	"	or raine or	200111200711	10031111	
8		,	ופווסוו	EWIFE	F.			-1-	(WN HO	MF	
17. FATHER'S NAME (First, Middle, Last)				110 111		18. MOTH			Middle, Maid	en Sumame)		
	GEORGE SK	IDMORE,	SR.				ED	NA M	IAE DU	CKWOE	RTH	
19a. INFORMANT'S NAME (Type/Print)									nber, City or		Zip Code)	
DIANNE BENNETT			P. 0	. BOX	X 11	, ECH	KHAR	T, M	D 215	28		
20a. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Rec	moval from State	20b. PLACE All cemetery, cren			ITION (Na	me of		OA.	TE 20c.	LOCATION -	— City or To	own, State
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	undines a	REST		MEM				17/	26 La	VALE.	MD	21502
21. SIGNATURE OF FUNERAL SERVICE L	CERISEE	1		7		D C TI			IOME,	DΛ		
Mulou	// l.X	Lowe	100	1 6	50 W	. MAT	IN S	т	FROST	BURG	MD	21532
23. PART i. Enter the diseases, or shock, or heart failure	complications that	coused the dea	nth. Do n	not enter	the mor	do at dad			44			
IMMEDIATE CAUSE (Finel						de or dyn	ng, suci	n ss car	diac or re	spiratory a	rrest,	Approximate
disease or condition	2.7	1							diac or re	spiratory a	errest,	Approximate interval Between Onset and Death
resulting in death)	. 0	lepoto							diac or re	spiratory a	errest,	interval Between
	s. DUE TO (C	Jep Ho	UENCE OF	Res	nal	Fa			diac or re	spiratory a	errest,	interval Between
	b	buil	UENCE OF	Res	nal	Fa			diac or re	spiratory a	errest,	interval Between
Sequentially list conditions, if any, leading to immediate	b	DEP AND CONSECUTION AS A CONSECUTION	UENCE OF	Res	nal	Fa			diac or re	spiratory a	errest,	interval Between
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (C	buil	UENCE OF	Res In	nal	Fa			diac of re	spiratory a	errest,	interval Between
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (C	DR AS A CONSECU	UENCE OF	Res In	nal	Fa			diac of re	spiratory a	errest,	interval Between
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST	b DUE TO (C	DR AS A CONSEON	UENCE OF	Res	nsl n 3	7,	who	70	diac or re	spiratory a	rrest,	interval Between
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (C out to d.	OR AS A CONSEON	UENCE OF	Res	nsl n 3	7,	who	70	24a. WAS	AN AUTOPS' ORMED?		interval Between Onset and Death Death Were Autopsy Findings AMALABLE PRIOR TO
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (C o. OUE TO (C d. Out of the contributing to d	DR AS A CONSEON	UENCE OF	Res	nsl n 3	7,	who	70	24a. WAS PERF	AN AUTOPS		interval Between Onset and Death Onset and Dea
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (C out to d.	DR AS A CONSEON	UENCE OF	Res	nsl n 3	7,	who	70	24a. WAS PERF	AN AUTOPS'		interval Between Onset and Death Onset and Dea
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST PART H. Other significant conditions are consisted to the conditions of	b. DUE TO (C o. OUE TO (C d. Out of the contributing to d	DR AS A CONSEON	UENCE OF	Res	nderlying	couse g	iven in	Part i.	24a. WAS PERF	AN AUTOPS'		interval Between Onset and Death Dea
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the condition	b. DUE TO (C) c. OUE TO (C) d. ONS contributing to d The Heart	DR AS A CONSEON DR AS A CONSEON DR AS A CONSEON DR AS A CONSEON DR AS A CONSEON THE PROPERTY OF THE PROPE	UENCE OF	Res Fi: fr: fr: OTHER	aderiying	ceuse g	iven in	Part i.	24a. WAS PERIO	AN AUTOPS'		interval Between Onset and Death Dea
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the condition	b. DUE TO (C	DR AS A CONSEON DR AS A CONSEO	UENCE OF	Res F): f): OTHER A Union	26. PL.	ceuse g	iven in	Part i.	24a. WAS PERM 1 YES	AN AUTOPS: ORMED? 2 (D-WO	Y 24b	interval Between Onset and Death Dea
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	b. DUE TO (C) c. OUE TO (C) d. OUS contributing to d PARTIE HOSPITAL: 1 Dispetient 2 1	OR AS A CONSEON OR AS A CONSEON DEBA S A CONSE	UENCE OF UENCE OF UENCE OF DOA 28b. TIM	Res F): f): OTHER A Union	26. PL. R: sing Home 28c. NJI. WO!	ACE OF DE	iven in	Part i.	24a. WAS PERIO	AN AUTOPS: ORMED? 2 (D-WO	Y 24b	interval Between Onset and Death Dea
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other significent condition 25. WAS CASE REFERRED ID MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH Netural 5 Pending Investigation	b. DUE TO (C c. OUE TO (C d. OU	DR AS A CONSEON DR AS A CONSEO	UENCE OF UENCE OF UENCE OF DOAL TIME	Per (F): (In the un OTHER 4 Nun EURY M	26. PL. R: sing Homo	ACE OF DE	iven in	Part I.	24a, WAS PERF 1 YES PER (Specify) SCRIBE HOM	AN AUTOPS: ORMED? 2 (LINO)	Y 24b	interval Between Onset and Death Dea
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition of the condition	b. DUE TO (C c. OUE TO (C d. OU	DR AS A CONSEON DR AS A CONSEO	UENCE OF UENCE OF UENCE OF DOAL TIME	Per (F): (In the un OTHER 4 Nun EURY M	26. PL. R: sing Homo	ACE OF DE	iven in	Part i. ock only of the control of	24a, WAS PERF 1 YES PER (Specify) SCRIBE HOM	AN AUTOPS' ORMED? 2 (D.NO W INJURY O	Y 24b	interval Between Onset and Death Dea
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 170 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremonal. Or removal.	The same of the sa
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30. NAME AND ADDRESS OF PERSON WHO CO WM - Robbins 31. DATE FILED (Month, Day, Year) JUL 2 6 1993 July

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who completed cause of death (ITEM 27) (Type, Print) 27, S MD. R+50

Ins MD. Rts

July Saydson-Mandale

	FOR 1 - STATE REGISTRAR 1. DECEDENT'S MANE (First, Middle, Last)	STATE OF MA	ARYLAND / CE	RTIFIC	CATE	OF	DEAT	TH		REG. NO		3	23111	À
	Allen				BR	2011	Car		MONT	OF OEATH	۳۵ ر	YEAR	3. TIME OF DEATH	A
	4. SOCIAL SECURITY NUMBER	s. sex	S. AGE (In yes. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	<u>, _</u>	1	IPLACE (State or Foreign	-
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,	9e. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY,	TOWN 0	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF O	EATH	_
E	PENINSULA REGIONAL	MEDICAL	CENTER	.	SA	ALIS	BURY				W	ICOM	ICO	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE / 10b. COUNTY			10c. CITY,	TOWN O	BLOCAT	OH.							
	1 .00 / 1/	comico		100. GT1,		11	110						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	7	/	100	in	10t.	ZIP DODE	E .			10g CITA	ZEN OF V	1 YES 2 HO.	-
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BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [YES 2 TO	0	- 11	yes, spe	2 LNO	n, Mexice	m, Puerto	Rican, etc.)		Speci	N DIL	
8 8	15. DECEDENT'S EDUCA	TON											DIK	
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COMPL	17. FATHER'S NAME (First, Middle, Last)			120			18. MOTH	HER/S/NA	ME (First,	Middle, Meiden	Sumame) ,	7		f
ш	Dan Bro	ww					4	Hea	ne	- /	41			
0	19e. INFORMANT'S NAME (Type/Print)	/	19b.	MAILING A	DDRESS	(Street ar	ng Number	or Rural I	Route Num	pier, City or Ton	n, Stylie, Zip	Code)	/	
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	4 Donation 8 Other (Specify)		1677	age !	aro	ue	Com	etar	17/2	8 We	STOVE	1/	nd.	
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	23. PART I. Entar the diseases, or conshock, or heart fellure. Lie	mplicatione thet	aused the dea	ath. Do no	t enter	the mod	da of dyl	ng, suci	h as cen	diec or reap	iratory arr	eat,	Approximate	
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	disease or condition resulting in death)	Card	car	a	116	2								
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O	Sequentially list conditions, b.	OUE TO (O	R AS A CONSEOL	LIENCE OF		1		_						
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Ē	CAUSE (Disease or Injury that initiated events	DUE TO O	R AS A CONSEOL	UENCE OF):	0	2	200	4					1	_
1	resulting in daeth) LAST	Chro	ani	R	lea	4		la	el-	_				
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9										1 TYES 2	□ NO		OF DEATH?	
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF DI	EATH /Ch	ant only or					_
Sic		OSPITAL:	R/Outpetient 3		THER	:	6 🗆 Re							
μ̈́	27. MANNER OF DEATH	28e. DATE OF IN	JURY	26b. TIME	OF	28c. INJU	JRY AT	sidence		CRIBE HOW I	NJURY OCC	UREO		_
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	reer)	INJUF	M	1 Y	RK? ES 2	NO						
	3 Suicide 8 Could not be	26e. PLACE OF I	NJURY — At hom	ne, farm, str	eet, facto	ry, office			281. LOC	ATION (Street or Town, State)	and Number	or Rural R	loute Number,	_
	4 Homicide determined		, , ,						Ony	or iowii, orace,				
COMPLETED	290. CERTIFIER (Check only	N: To the best of my	knowledge, deal	th occurred	at the tin	ne, date o	end plece,	end due	to the cau	use(s) end me	nner es state	d.		
Ö	one) 2 MEOICAL EXAMINER:) end manner es stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER	7-//					29c. LICE	NSE NUM	18ER		29d. DATE	SIGNED	(Month, Day, Year)	
TO B	0/101	166/					03	293	349		•	7/2	3/97	١
IE	30. NAME AND ADDRESS OF PERSON WHO	-										· ·		

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BALLIMORE, MARYLAND 21215-0020	th certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p. I Hygiene prior to burial, cremation, or removal.
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	-	REGISTRAR	CI	ERTIFICATE OF	DEATH	REG. N	0.	
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY Y	3. TIME OF OEATH
		Arnel	Bivens			0.7 2		
2		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs las		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTNPLACE (State or Foreign
1300		218-84-6030	1 PM 2 D F / 8	YRS. MONTHS DAYS	HOURS MIN.	1-25-	75	md.
()	ß	9e. FACILITY NAME (If not institution, give s			OR LOCATION OF D	EATH	9c. COUNTY	OF OEATH
1.23	ECTOR	Peninsula Regi	onal Hospital	Salis	sbury		Wid	comico
S	Diameter 1	10e STATE 10b. COUNT	v .	10e. CITY, TOWN, OR LOCA	TION			10d. INSIDE CITY
. Pages	DIR	ma. 11)	11 pmico	Salisto	ury_			LIMITS?
permit.	A A	100. STREET AND NUMBER	1 1	10	II. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
is:	FUNERAL	115 Delawa	re Ave.		2/80		6	1.5. A.
020 physician. burial-transit	1 5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2		CENOENT OF HISPA	NIC ORIGIN? (Specify)	98 or No — 14	. RACE — American Indian, Black, White, atc.
	BY I	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	70.57.7	S 2 NO Specif	en, Puerto Ricen, etc.) ly:		Specify:
as as	ED	15. DECEDENT'S EDU	CATION 160 DE	CEDENT'S USUAL OCCUPATI	011	B7718		PIR
2121 al or atte		(Specify only highest grade Elementary/Secondary (0-12)	completed) (Gi	he kind of work done during me Do NOT use retired.)	ost of working	166, KIND OF B	USINESS/INDUS	TRY
ND hospital	7	1774	College (1-4 or 5+)	CONSTALL.	fon	J's (Const	uction Co
LAN the ho	once.	17. FATHER'S NAME (First, Middle, Lest)			18. MOTNER'S NA	ME (First, Middle, Meide	n Sumame)	
RYL ed by ti	F 111	Warner	/ urner		Wa	nda	Bive	WS
MARYLAND retained by the hospit 5 should be detached	TO BE	19a. INFORMANT'S NAME (Type/Print)	198	MAILING ADORESS (Street	and Number or Rural	Route Number, City or To	wn, State, ZipyCo	ide)
	- De 10	Wanda Z	SIVENS 1	13 Dela	wall k	we. So	clisbe	uy, Md. 280
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.	Hanes .	20s. METHOD OF DISPOSITION 1		AND DATE OF DISPOSITION (N. matory or other place)	ame of	OATE 20c. L	OCATION — City	or Town, State
BALTIMOF ter death. Page 6 m the funeral director, oval.		4 Donation 5 Other (Specify)	enter /	Language				
ath. F	examiner		1	LEU	ND ADORESS OF FA	WATSON	UFUL	NEKAL HOME
BA fer de the fu		1		We	st. Ko	1. Salis	bury	md. 21801
5 5 5		23. PART i. Enter the diseases, or cahock, or heart failure.	complicatione that caused the de- List only ona cause on aach lina.	eth. Do not enter the mo	ode of dying, aud	h aa cardiac or rea	piratory arrest	Approximata interval Batween
Par James Par Ja		IMMEDIATE CAUSE (Final disease or condition	(1110	1 C 1	1-1	0 /-(1	11 0	Onset and Death
s760, ted within 24 completely fill ial, cremation,	evell,	reaulting in death)	OUE TO (OR AS A CONSEC		bdomen	and lett	tand	
P 8 8 7 8			OUE TO (OH AS A CONSEC	ODENCE OF):				
X 68	TIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):				
ficate be exphysician a	S S	cause. Enter UNDERLYING CAUSE (Disease or injury	c					
o. O. B. n certificate anding physical Hygiene pri	RTIFI	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEC	NUENCE OF):				
U = 5 = 3	" I W	Tosoning in death) Exs	d					
RDS, Fatter the death by the atternand Mental		PART II. Other eignificent condition	a contributing to death but not re	eaulting in the underlyin	g ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
S that the med by alth and	DICAL					1 Dices	PRMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
REC requires been sign of Heali	MEI							1 YES 2 NO
Iaw re las bee Dept. o	2 Z							7
VITAL AN: The lan tificate has e State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		LACE OF DEATH (Ch	eck only one)		
F VITAL REC SICIAN: The law require certificate has been sig	YSI	1 YES 2 □ NO	1 X Inpatient 2 - ER/Outpatient 3	□ DOA 4 □ Nursing Non	ne 5 🗆 Residence	6 Other (Specify)		
O 축 등 등 등	PHY:	27. MANNER OF DEATN 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	INJURY WO	JURY AT DRK?	28d. DEŞCRIBE NOW		
NOING PHYSI T death with	BY	2 Accident Investigation	07 20 1993		YES 2 NO	Subject		
OR ATTENDING PHYSICIAN: The OIRECTOR: After this certificate the hours after death with the State Disease 28 is marked to the or the other 28 is marked to the other 28 is mar	o III	3 Suicide 6 Could not be 4 Nomicide detarmined	28s. PLACE OF INJURY — At hor building, stc. (Specify)	ne, rarm, street, factory, offic	•	281. LOCATION (Stree City or Town, Stat	t and Number or i	Rurel Route Number,
OR ATTEN DIRECTOR: DIRECTOR: hours after	E	29a. CERTIFIER	Market			Shockle		arket
TAL RAL	COMPLET		CIAN: To the best of my knowledge, dea R: On the basis of examination and/or is					
HOSP FUNE within	티잉	29b. SIGNATURE AND TITLE OF CERTIFIER		- opinion, it my opinion, c				
TO THE MOSPITAL OR A' TO THE FUNERAL DIRECTOR TO THE FUNERAL DIRECTOR TO THE MASSIVE MASSIVE THE MASSI	BE	No.	a Charles		29c. LICENSE NUI		.	GNEO (Month, Day, Year)
5 5 3 <u>3</u>	2	30. NAME ANO ADDRESS OF PERSON WH	COMPLETED CAUSE OF OEATH (ITEN	1 27) (Type, Print)	O.C.M.	E.	07	22 1993
		Daniel Cl			D-14-	more M		3 21201
	6		32. REGISTRAR'S CIENATURE	enn Street	. DdlTl	more. Ma	rrylan	d 21201
	1	JUL 2 6 1993 9	una waydson-yanasac	•				

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 6/21/93 DAYS 1 M 2 KF 3" 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince George's Bladensburg FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 4255 57th Avenue, Apartment 10 20710 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 **burial** ours after death. Page 6 may be retained by the hospital or attending ultipact 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highes ě Elementary/Secondary (0-12) College (1-4 or 5+) i by the funeral director, page 5 should be detached removal, once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Paul Vondell Haywood Nureeah Serene Brown Ħ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 be 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY medical filled in by t 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreet, shock, or heart feliure. List only one ceuse on each line. 6 **IMMEDIATE CAUSE (Fine)** completely filled rial, cremation, the disease or condition Pulmonary resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, DUE TO (OR AS A CONSEQUENCE OF) an and con to burial, Congenital traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician a Dept. of Health and Mental Hygiene prior to 1.23 shows any injury, or other traum If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR ASA CONSEQUENCE OF) CAUSE (Diseese or Injury that initiated events resulting in death) LAST risomy PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate his hours after death with the State Difem 28 is marked, or item HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 6 X Other (Specify) Hospital 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK 1 Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, date end place, and due to the cause(a) and manner as stated. FUNERAL within 72 h IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER H H 16 Dug 034229 6 23 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. GEGISTRAR'S SIGNATURE

31. DATE FILE AUG "I 1" 1993

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

FOR

1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

FEMALE

6. AGE (In yrs. last birthday)

5. SEX

Brown

4. SOCIAL SECURITY NUMBER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 3. TIME OF DEATH DAY YEAR 61- 22 12:15 Prince George' 9c. COUNTY OF DEATH PRINCE GEORGE'S 10d. INSIDE CITY LIMITS? 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: Black 16b, KIND OF BUSINESS/INDUSTRY 20c. LOCATION - City or Town, State Approximate interval Between Onset end Death 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. OATE SIGNEO (Month. Day, Year)

DHMH-16 Rev 1/89

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	TENC	TOR: /	28 18	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the base flued within 70 hours after death with the State heart of Health and Mental Huminga prior in human promoting or comment.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	
	TAL (PALC	11 11	
	HOSP	UNE	ANT	
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PG CTY . F 31. DATE FILED (MORIE). E AUG

HOSPITAL

								9	3 23120	
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / D	DEPARTMENT RTIFICAT	TOF I	HEALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) BABY GIRL	- BRAC	KET	7			2. DATE OF DEATH		YEAR 3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER	1 🗆 M 2 🗷 F	(in yrs. lest b	YRS. MONTHS	ER 1 YEAR DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) $08-02$		BIRTHPLACE (State or Foreign Country)	
OR	90. FACILITY NAME (If not institution, give st CENTER, CHEVER		Y. Hos	P. 9b. CI	FY, TOWN	OR LOCATION OF D			Y OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY, TOWN	OR LOCA	TION			10d. INSIDE CITY	
		e George's		Suitla	nd				1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 560 Regency Park	Court				f. ZIP CODE		17.	EN OF WHAT COUNTRY?	
N I	11. MARITAL STATUS	12 WAS DECEDENT EVED I	N U.S. ARME	ED 1:		20746 CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	U.S.	A . 4. RACE — American Indian.	_
₽	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 No						an, Puarto Rican, etc.)		Black, White, etc. Specify: Black	
ETED	16. DECEDENT'S EDUC (Specify only highest grade		(Gíve	DENT'S USUAL kind of work don	e durina mo	ON ost of working	16b. KIND OF BU	SINESS/INDUS		
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	IHe. Do	o NOT use retired.	.)					
	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maiden			
H	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADDRE	SS (Street a	Kache	Route Number, City or Tow	nckett		_
5			56	09 1	Leger		(Ct, Su	Hand	, Md 2074	
	20a. METHOD OF DISPOSITION 1	oval from Stale 20th	o. PLACE AN	DDATE OF DISPO	SITION (No	ame of	DATE 20c. LC	CATION — CH	ly or Town, Stata	_
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22	. NAME A	ND ADDRESS OF FA	VCILITY	-		
-	•									
	23. PART I. Enter the diseases, Dr c shock, or heart failure. I	IST ONLY DON CRUSA ON A	ech line				ch aa cardlec or resp	Iratory srres	Approximata	en
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	RESPIRADO DUE TO (OR AS A	uter/	Far	lur	e			Onset and Dea	
		Munatu	CONSEQUI	ENCE OF):						
NO.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A		ENCE OF):						
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUE	ENCE OF):						
B										
SAL	PART II. Other algnificant conditions	contributing to death b	out not res	uiting in the u	inderlyin	g cause given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO	
PHYSICIAN: MEDICAL							1 YES :	. NO	COMPLETION DF CAUSE OF DEATH?	
ž									1 TYES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF DEATH (Ch	neck only one)			
14XSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY			irsing Hom			lospita		
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY M		PRK?	28d, DEŞCRIBE HOW I	NJURY OCCUI	₹ED	
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec	— At home cify)	, farm, street, fa	ctory, offic	•	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,	
COMPLETED		IAN: To the best of my know							cause(s) and manner as stated.	-
	29b. SIGNATURA AND TITLE OF CERTIFIER	2			P	29c. LICENSE NUI			BIGNED (Month, Day, Year)	_
TO BE	Mustan	L MIP.	ATG (1777)	= -		D2+6			-02-93	

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CENTER CHE

32. REGISTRAT'S SIGNATURE

This chanden Randada

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to build, cremation, or removal.	IMPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	ne m
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REGISTRAR 1. DECEDENT'S NAME (F	First, Middle, Last)				1071.		DEATI		2. DATE O	REG. NO.			3. TIME OF DEATH
Char1		W	E	Brawne	er				July	27,04	1993	YEAR	4:55 P.
4. SOCIAL SECURITY NU	JMBER	5. SEX	6. AGE (In yrs.		IF UNDE	DAYS	IF UNDER 24	HRS.	7. DATE O (Month,	F BIRTH Day, Year)		8. BIRT Coun	HPLACE (State or Foreign try)
220-28-746		1 M 2 F	59	YRS.						13,1			RYLAND
9a. FACILITY NAME (If no		street and number) Re	esidenc	e			OR LOCATION	OF DE	ATH		9c. COU	arle	
313 Kent					T	LaP1a	ita				CH	arıe	25
10e. STATE	10b. COUNT	TY .		10c. Cl	TY, TOWN	OR LOCA	TION		3-16				10d, INSIDE CITY
MARYLAND	CHAR	LES		LA	PLAT								1 YES 2 NO
10e. STREET AND NUMB						10	. ZIP CODE				0.00		WHAT COUNTRY?
#313 KENT	AVENUE	12. WAS DECEDEN					2064	_					STATES
1 Never Merried 2 3 Widowed 4 C		FORCES? 15 IF YES, GIVE W	TYPES 2 [AR OR DATES - 195]	NO	13.	If yes, sp	CENDENT OF ecify Cuban, 2 X NO	Maxicar	n, Puerto Ri		or No-	Spec	CE — American Indian, ok, White, alc. city: LACK
	DECEDENT'S EDU	JCATION		DECEDENT'S			ON ost of working		16b. I	(IND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondar		College (1-4 or 5 +)	life. Do NOT L	use retired.;)	ast of working						
7TH GRADE			I	ABORE	IR					NSTRU		N	
JAMES LEO							375 775 00		-	ddle, Maiden SMITH		LINIU T	,
19m. INFORMANT'S NAME					0.400050	20 404	and Number of						
MARY D. BR							NUE,						20646
20e. METHOD OF DISPO 1 X Burlel 2 Crem 4 Donation 5 0	ation 3 🗌 Ren	noval from State		EANDDATE	OF DISPO	SITION (N	ame of		DATE	20c. LO	CATION —	City or T	own, Stata HAM, MARYLA
	ner (Specify)		MARY	LAND	AUTE	CRANS	CEME	TER	Y //3	q/93	CHEL	TENE	IAM, MARILA
	C. THOP	NOUNTON JOHN	John Mo	0583	1 T	HORN	ND ADORESS ITON'S #1 BO	FU X 1	NERAL 15 IN	HOME	HEAD	, MA	ARYLAND 206
23. PART I. Enter the	C. THOP	ENTON JOHN COMPlications the List only one cau	SON MO	00583 death. Do	I I I I I I I I I I I I I I I I I I I	HORN	ND ADORESS ITON'S #1 BO	FU X 1	NERAL 15 IN	HOME	HEAD	, MA	
23. PART I. Enter the shock, o	C. THOF a diseases, or r heert failure. (Final dittions, mediate LIVING injury	ENTON JOHN COMPlications the List only one cau B. DUE TO B. DUE TO	SON MO	death. Do	not ente	HORN	ND ADORESS ITON'S #1 BO	FU X 1	NERAL 15 IN	HOME	HEAD	, MA	ARYLAND 206 Approximate interval Between
23. PART I. Enter the shock, o iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to impresse. Enter UNDER CAUSE (Disease or that initiated events	C. THOF a diseases, or r heart failure. (Final Horizon Horizo	ENTON JOHN COMPlications the List only one cau B. DUE TO B. DUE TO C. DUE TO d.	COR AS A CONS	deeth. Do ne.	22 T F not ente	R. NAME AND THORN	ND ADDRESS ITON'S #1 BO Ode of dying	FUI FUI X 1	NERAL 15 IN h as cardi	HOME	HEAD ratory and autopsy MED?	, MA	ARYLAND 206 Approximate interval Between
23. PART I. Enter the shock, o IMMEDIATE CAUSE (disease or condition resulting in death) Sequentielly list con if any, leading to imicause. Enter UNDER CAUSE (Disease or a that initiated events resulting in death) L PART II. Other significance.	C. THOF a diseases, or r heert feiture. (Final AST	ENTON JOHN Complications the List only one cau s	COR AS A CONT	deeth. Do ne.	22 T F not ente	NAME ALTHORN R. R. Or the mo	ND ADDRESS ITON'S #1 BO Ode of dying	FUIX 1 gg, such	Pert I.	HOME DIAN ac or reapi 24a. WAS AN PERFOR	HEAD ratory and autopsy MED?	, MA	ARYLAND 206 Approximate interval Betwee Onset and Das Onse
23. PART I. Enter the shock, o IMMEDIATE CAUSE (disease Dr condition resulting in death) Sequentially list con if any, leading to impressed in the cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L	C. THOF a diseases, or r heert feiture. (Final AST	ENTON JOHN COMPlications the List only one cau B. DUE TO B. DUE TO C. DUE TO d.	ISON MO t ceused the se on sech ii (OR AS A CONT (OR AS A CONT (OR AS A CONT death but no	deeth. Do ine. SEOUENCE C	DF): OTHE	NAME ALTHORN R. R. Br the mo	mb Address ITON'S #1 BO de of dying	G OF FACE FUILDING TO FUILDING	Pert I.	HOME DIAN ac or reapi 24a. WAS AN PERFOR 1 YES 2	HEAD ratory and autopsy MED?	, MA	ARYLAND 206 Approximate interval Betwee Onset and Das Onse
23. PART I. Enter the shock, o IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, iseding to immediate. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L PART II. Other algnifications of the sequential initiated events resulting in death) L 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	eral service Land C. THOF a diseases, or r haert failure. (Final Actions, mediate strying injury AST Condition of the pending Pending	ENTON JOHN Complications the List only one cau s. DUE TO b. DUE TO d. DUE TO d. HOSPITAL:	COR AS A CONSIDER OF THE PROPERTY OF THE PROPE	DO 583 deeth. Do ine. BEOUENCE (SEOUENCE	DF): OTHE 4 Nt	indertyln 26. Pi 28. R. 26. Pi 28. R. 28. R. 28. R. 28. R. 28. R. 28. R. 28. R. 28. R.	mb Address ITON'S #1 BO de of dying g cause give	S OF FACE FUILDING TO SERVICE FUILDING FUILDING FUILDING FUILDING FUILDING FUILDING FU	Part I.	HOME DIAN ac or reapi 24a. WAS AN PERFOR 1 YES 2	HEAD ratory an Autopsy MED?	, MA	ARYLAND 206 Approximate interval Betwee Onset and Das Onse
23. PART I. Enter the shock, o IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, iseding to immeause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L PART II. Other algnifications are considered by the second control of the control of th	C. THOF a diseases, or r haert feiture. (Final AST Conditions, microstate Clicent conditions D TO MEDICAL	BNTON JOHN Complications the List only one cau 8. DUE TO b. DUE TO c. DUE TO d	COR AS A CONSIDER OF THE PROPERTY OF THE PROPE	deeth. Do ine. BEOUENCE C SECUENCE C SECUENCE C	OF): OF): OTHE 4 Number of JURY M	inderlyin 26. P. 26. P. 26. P. 28. IN. 28. IN. 28. IN. 28. IN. 1 □	BO ADDRESS ITON 'S #1 BO ADDRESS ITON 'S #1 BO ADDRESS ITON 'S	S OF FACE FUILDING TO SERVICE FUILDING FUILDING FUILDING FUILDING FUILDING FUILDING FU	Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I.	HOME DIAN ac or reapi 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	MA reat,	ARYLAND 206 Approximate interval Betwee Onset and Das Onse
23. PART I. Enter the shock, o IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to immediate. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L PART II. Other significations are sufficiently as a case reference EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only) 1 C	eral service Land C. THOF a diseases, or r haert failure. (Final Actions, mediate Living injury Licent condition of the condi	BOTON JOHN Complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O building,	(OR AS A CONSIDER TO THE PROPERTY OF THE PROPE	deeth. Do ine. BEOUENCE C SEOUENCE C SEOUENCE C It reaulting 3 □ DOA 28b. Till IN	OF): OF): OTHE 4 Numerof Indian Numerof Indian	endarlyin 26. Pi ER: arring Hon 28. IN. 1 □ ctory, office	g cause gives 5 Residence 5 Residence 2 Lace of DEA	S OF FACE FUILD STATE OF FUILD STATE OF FACE STATE OF FACE STATE OF FUILD STATE OF FUILD STATE OF FUILD STATE OF FUILD STATE OF FUILD STATE OF FUILD STATE OF FUILD STATE OF FUILD STATE OF FUILD STATE OF FUILD STATE OF F	Part I. Part I. Part I. City on Other 28d. DESC. to the cause to the cause	HOME DIAN ac or reapi 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NJURY Octand Number	24 CUREO	ARYLAND 206 Approximate interval Betwee Onset and Das Onse

				AN PENCE OF DENING	riock drilly dries
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	OTHE	R: rrsing Home 5 - Residence	8 Other (Specify)	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Till IN	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At I building, etc. (Specify)	28a. PLACE OF INJURY — At home, farm, building, etc. (Specify)			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Michael Leatherwood, M.D., Waldorf Medical Park, POBox 249, Waldorf, MD. 20604

31. DATE FILED (Month, Day, Year)

	FOR
1	STATE
٠.	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	UE	ERITIO	ATE OF	DEATH	REG. NO	D.				
- 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIMI								3. TIME OF DEATH		
	Hepheet Thomas Bu	irke,	Sr.			Set O	DAY	92	12:09 AM		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	t birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTH		A BIRTH	PLACE (State or Foreign		
	074 - 18 - 7628 ¹ ⊠ M ² □ F	NTHS DAYS	THE DAYS HOURS MIN. (Month, Day,			b, 1923 Pennsylvan:					
	9e. FACILITY NAME (If not institution, give street and number)	70	06	COTY TOWN	OR LOCATION OF DE	Teb 15, .					
œ		**				ATH	100	NTY OF D			
5	Greater Laurel Beltsvill	e Hospita	aı [<u>Laurel</u>			Pr:	ınce	George		
DIRECTOR	10e. STATE 10b. COUNTY		10c, CITY, TO	OWN DR LOCA	TION				10d, INSIDE CITY		
E	Maryland Prince George		Laur	_	11711				LIMITS?		
	10e. STREET AND NUMBER		Laur		. ZIP CODE				1 YES 2 X NO		
FUNERAL				1			10g. CIT		HAT COUNTRY?		
빌	15707 Bond Mill Road				20707			U.S.			
5	11. MARITAL STATUS 12. WAS DECEDED FORCES?	NT EVER IN U.S. ARI	MED ID	13. WAS DEC	ENDENT OF HISPAN	IIC DRIGIN? (Specify You, Puerto Rican, etc.)	e or No-	14. RACE Black	- American Indian, White, etc.		
BY	3 Widowed 4 Dhomed	WAR OR DATES			2X NO Specify			Spech	V·		
ED E	Worl	<u>d War II</u>		<u> </u>					White		
빝	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Gi	CEDENT'S USU	done during mo	ON ast of working	16b. KIND OF BI	JSINESS/INI	DUSTRY			
ן בין	Elementary/Secondary (0-12) College (1-4 or 5	+)	Do NOT use rel	ired.)							
MP	Grade 11	le	acher			High S	schoo.	L			
COMPLET	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Melde	n Surname)				
BE	Thomas Jerome Burke				Sophie	Flamm					
10	19a. INFORMANT'S NAME (Type/Print)	190	. MAILING ADI	DRESS (Street &	and Number or Rural F	loute Number, City or To	wn, State, Zip	Code)			
F	June Burke	1.	5707 B	ond Mi	11 Road.	Laurel, N	arvla	and 2	0707		
	20a. METHOD OF DISPOSITION	20b, PLACE A	NODATEDED	ISPOSITION (Ne	ame of		DCATION -				
	1 □ Buriel 2 □ Cremetion 3 ☒ Removal from State 4 □ Donetion 5 □ Other (Specify)	Moray	natory or other l	metery		7/30 Sta					
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- Indiav	Lan oc			TITY	iccii .	LSLai	d, 14.1.		
	11/2/06/1			Donal	dson Fund	eral Home	P.A.	•			
	While payments	4-		313 T	albott Av	ve. Laurel	., Mar	cylan	d 20707		
	23. PART i. Enter the discess, or complications the	at ceused the da	eth. Do not e	entar tha mo	da of dying, suci	as cardiac or res	olratory an	rest,	Approximata		
	IMMEDIATE CAUSE (Fine)								interval Between Onset and Death		
	disease or condition								5		
	resulting in death) a. (ardiac (crest) DUE TO (DR AS A CONSEDUENCE DF):								J Min,		
2											
₫	disease or condition resulting in death) a. Cardiac Carest DUE TO (DR AS A CONSEDUENCE DF): Sequentially list conditions, if any, leading to immediate DUE TO (DR AS A CONSEDUENCE DF):										
X	cause. Enter UNDERLYING				0				ĺ		
표	CAUSE (Disease or injury that initiated events DUE TO	OR AS A CONSED	UENCE DF):								
E	that initiated events DUE TO (DR AS A CONSEDUENCE DF):										
<u> </u>	resulting in deeth) LAST		d								
CER											
AL CERTIFICATION) death but not re	eaulting in th	ne underlying	g ceuse given in			24b.	WERE AUTOPSY FINDINGS		
ICAL CER	resulting in deeth) LAST) daath but not re	eaulting in th	ne underlyln	g ceuse given in	PERFO	PMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
DICAL	resulting in deeth) LAST	o death but not re	eeulting in th	ne underlyln	g ceuse given in		PMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	resulting in deeth) LAST	o death but not re	esulting in th	ne underlyln	g ceuse given in	PERFO	PMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	PART II. Other significent conditions contributing to	o death but not re	eaulting in th			PERFO	PMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	PART II. Other significent conditions contributing to	o death but not re		28. PL	g ceuse given in	PERFO	PMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	PART II. Other algnificent conditions contributing to d. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ ND 1 □ Inpatient 2 (A ER/Outpetlent 3	01	28. PL		PERFO 1 YES	PMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
DICAL	PART II. Other aignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ◯ ND 1 □ Inpatient 2 (Moth) 27. MANNER OF DEATN 28. DATE DI	ER/Outpatient 3	01	28. PL FHER: Nursing Norm	ACE DF DEATN (Che	PERFO 1 YES	RMED? 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ER/Outpatient 3	DOA 4 C	28. PL THER: Nursing Nom 28c. INJ WO	ACE DF DEATN (Che 5 □ Rasidence URY AT	PERFO 1 VES 1 VES 1 Other (Specify)	RMED? 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CAER/Outpetlent 3 FINJURY Day, Year) OF INJURY — Al hor	DOA 4 C	Z8. PL THER: Nursing Nom Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATN (Che o 5 — Raeldence URY AT RK7 (ES 2 — ND	PERFO 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	RMED? 2 NO INJURY OCI	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND		
BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	ER/Outpatient 3 F INJURY Day, Year)	DOA 4 C	Z8. PL THER: Nursing Nom Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATN (Che o 5 — Raeldence URY AT RK7 (ES 2 — ND	PERFO 1 YES 1 Other (Specify) 28d. DESCRIBE HOW	RMED? 2 NO INJURY OCI	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND		
BY PHYSICIAN: MEDICAL	Z5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Inpattent 2 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined	© ER/Outpatient 3 F INJURY Day, Year) OF INJURY — Al hor , etc. (Specify)	DOA 4 C	28. PL THER: Nursing Nom 28c. INJ WO 1 1 1	ACE OF DEATN (Che 5 Raeldence URY AT RK7 /ES 2 ND	PERFO 1 VES 1 VES 3 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State	RMED? 2 NO INJURY Oct	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND		
BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions contributing to the second	ER/Outpatient 3 F INJURY Day, Year) OF INJURY — Al hor , etc. (Specify) If my knowledge, des	DOA 4 20b. TIME OF INJURY	28. PL THER: Nursing Nom 28c. INJ WO 1 1 1	ACE OF DEATN (Che 5 Raeldence UPY AT RK7 (ES 2 ND e end place, end due	PERFO 1 YES 1 YES 28d. Describe How 28d. Describe How 28f. LOCATION (Street City or Town, State to the cause(e) and ma	RMED? 2 NO INJURY Oci	CURED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Inpatient 2 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the beele of determined	ER/Outpatient 3 F INJURY Day, Year) OF INJURY — Al hor , etc. (Specify) If my knowledge, des	DOA 4 20b. TIME OF INJURY	28. PL THER: Nursing Nom 28c. INJ WO 1 1 1	ACE OF DEATN (Che 5 Raeldence UPY AT RK7 (ES 2 ND e end place, end due	PERFO 1 YES 1 YES 28d. Describe How 28d. Describe How 28f. LOCATION (Street City or Town, State to the cause(e) and ma	RMED? 2 NO INJURY Oci	CURED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND		
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions contributing to the second	ER/Outpatient 3 F INJURY Day, Year) OF INJURY — Al hor , etc. (Specify) If my knowledge, des	DOA 4 20b. TIME OF INJURY	28. PL THER: Nursing Nom 28c. INJ WO 1 1 1	ACE OF DEATN (Che 5 Raeldence UPY AT RK7 (ES 2 ND e end place, end due	PERFO 1 YES 1 YES 28d. Obscribe How 28f. LOCATION (Street City or Town, State to the cause(e) and mi	RMED? 2 NO INJURY Oci	CURED or Rural Rited.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND		
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E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Inpatient 2 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the beele of determined	Of ER/Outpetlent 3 F INJURY Day, Year) OF INJURY — Al hor , etc. (Specify) If my knowledge, desexamination end/or in	DOA 4 DOA 4 DOA 4 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 15 DOA 1	28. PL THER: Nursing Nom 28c. INJ WO 1 1 1 tt, factory, office the time, date	ACE OF DEATN (Che 5 Residence USY AT RK7 (ES 2 ND end place, end due eath occured at the 29c. LICENSE NUM	PERFO 1 YES 1 YES 28d. Describe How 28d. Describe How 28f. Location (Street City or Town, State to the cause(e) and mellime, date and place, a	PMED? 2 NO INJURY OCI and Number onner ee state due to th	CURED or Rural Ri ded. ne ceuse(e) E SIGNED 2 6	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Dute Number, end manner ee stated. (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 ND 1 Inpatient 2 27. MANNER OF DEATN 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the best of one one of the conditions 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	Of ER/Outpetlent 3 F INJURY Day, Year) OF INJURY — Al hor , etc. (Specify) If my knowledge, desexamination end/or in	DOA 4 DOA 4 DOA 4 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 15 DOA 1	28. PL THER: Nursing Nom 28c. INJ WO 1 1 1 tt, factory, office the time, date	ACE OF DEATN (Che 5 Residence USY AT RK7 (ES 2 ND end place, end due eath occured at the 29c. LICENSE NUM	PERFO 1 YES 1 YES 28d. Describe How 28d. Describe How 28f. Location (Street City or Town, State to the cause(e) and mellime, date and place, a	PMED? 2 NO INJURY OCI and Number onner ee state due to th	CURED or Rural Ri ded. ne ceuse(e) E SIGNED 2 6	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Dute Number, end manner ee stated. (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 2 Accident 3 Suicide 8 Could not be determined 2 MEDICAL EXAMINER? 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the best of could not be determined 2 MEDICAL EXAMINER: Dn the best of could	Of ER/Outpetlent 3 F INJURY Day, Year) OF INJURY — Al hor , etc. (Specify) If my knowledge, desexamination end/or in	DOA 4 DOA 4 DOA 4 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 15 DOA 1	28. PL THER: Nursing Nom 28c. INJ WO 1 1 1 tt, factory, office the time, date	ACE OF DEATN (Che 5 Residence USY AT RK7 (ES 2 ND end place, end due eath occured at the 29c. LICENSE NUM	PERFO 1 YES 1 YES 28d. Obscribe How 28f. LOCATION (Street City or Town, State to the cause(e) and mi	PMED? 2 NO INJURY OCI and Number onner ee state due to th	CURED or Rural Ri ded. ne ceuse(e) E SIGNED 2 6	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Dute Number, end manner ee stated. (Month, Day, Year)		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use at the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-002

1 vet

١	1. DECEDENT
	CLAF
ı	4. SOCIAL SEC
ı	220-0

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 23 1 23 . CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last)			The state of the s	2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATN		
CLARENCE 4. SOCIAL SECURITY NUMBER	J.		BAUGH		24 9			
	5. SEX 6. AGE (In y	rs. lest birthday) IF UNDER YRS, MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/24/	00	SIRTNPLACE (State or Foreign Country)		
9a. FACILITY NAME (If not institution, give stre	2121 03		TOWN OR LOCATION OF D		DC. COUNTY	IARYLAND OF DEATH		
SHOCK TRAUMA/BA	LTIMORE		LTIMORE					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN C	AD LOCATION			Lacendaria		
MD. FREDE	RICK	UNIO	N BRIDGE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
11628 HOUCK ROA	D		10f. ZIP CODE 2179	0.1		OF WHAT COUNTRY?		
	12. WAS DECEDENT EVER IN U.		WAS DECENDENT OF NISPA	NIC ORIGIN? (Specify Ye		RACE — American Indian, Black, White, etc.		
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	NO I	f yes, specify Cuban, Maxic YES 2 NO Speci	en, Puerto Rican, etc.)		Bleck, White, etc. Specify: WHITE		
15. DECEDENT'S EDUCA (Specify only highest grade of		a. DECEDENT'S USUAL OF		186. KIND OF BU	SINESS/INDUST	RY		
Elementary/Secondary (0-12)	College (1-4 or 6+)	REPAIRM		R	AILROAI	0		
17. FATNER'S NAME (First, Middle, Last)		KETHER		AME (First, Middle, Maiden				
MAURICE CLABAUGH			LA	URA STRAWS	BURG			
19a, INFORMANT'S NAME (Type/Print)		The state of the s	(Street end Number or Rural					
JANE CLABAUGH		11628 HOU		ION BRIDGE				
2qe. METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	ral from State 20b. PL	ACEAND DATE OF DISPOS THODIST CEM	IETERY	7/26 MI	CATION — CITY DDLEBUE	RG. MD		
21. SIGNATURE OF FUNERAL SERVICE LICE Athorns	xhole	22.	NAME AND ADDRESS OF FA	D. D. HAR	TZLER 8	SONS		
23. PART I. Enter the diseases, or co	mplications that chused th	e death. Do not enter			iratory arreat,			
anock, or heart failure. Li iMMEDIATE CAUSE (Final	at Dnly Dne ceuae Dn each	line.		Interval Between Onset and Daath				
disease or condition resulting in death)	SEPTICEMIA	EMIA						
100000000000000000000000000000000000000	DUE TO (OR AS A CO	INSEDUENCE OF):						
Sequentially list conditions, b.	PNEUMONIA DUE TO (OR AS A CO	INSECUENCE OF:						
if any, leading to immediate cause. Enter UNDERLYING	MASSIVE SU	The state of the s	Office To					
that initiated events	DUE TO (OR AS A CO			ICAL EXAMINER				
resulting in death) LAST	Donald & Whigh A							
PART ii. Other aignificant conditions			derlying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS		
CORONARY AF	RTERY DISEAS	SE		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
					300	OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE DF DEATN (C	heck only one)				
1 XYES 2 NO	1 X Inpetiant 2 - ER/Outpetie	nt 3 DOA 4 Nun	sing Home 5 🗆 Residence					
27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE NOW				
2 Accident Investigation	7/14/93 288. PLACE OF INJURY —		n¹□ YES 2 NO					
3 Suicide 6 Could not be 4 Nomicide determined	building, atc. (Specify)		ory, office	26f. LOCATION (Street City or Town, State		B HOUCK RD.		
29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the heat of our trace to a	HOME				, PID .		
enel .	AN: To the best of my knowledge: On the basis of examination as					use(a) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU					
Donald 21/1	Israht MI)	The street of					
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH		[O.C.N	1, Γ.	0.7	120/93		
DALL 0 10 -	IT MAD							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flor death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

Maryland

BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, a oval.	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF HE		TAL HYGIENE REG. NO.	20124
1 2	1. DECEDENT'S NAME (First, Middle, Last) GOLDIE MAR 4. SOCIAL SECURITY NUMBER	Crast 5. SEX 6. AGE (In yrs. lest	MONTHS DAYS	IF UNDER 24 HRS. 7. DA	TE OF DEATH DAY 7 23 TE OF BIRTH onth. Day, Year),	93 10:33 A M 8. BIRTHPLACE (State or Foreign Country)
TOR	233-11-5604 90. FAMILITY NAME (If not institution, give st ANNO Arundel Medic RESIDENCE OF DECEDENT	reet and number)	9b. CITY TOWN OR Annap	LOCATION OF DEATH		West Virginia DUNTY OF DEATP 1e Arundel
AL DIRECTOR	10a. STATE 10b. COUNTY FL Orav 10a. STREET AND NUMBER		Orlando 101. 2	N ,	16g. C	10d. INSIDE CITY LIMITS? 1 YES 2 1 NO ITIZEN OF WHAT COUNTRY?
BY FUNERAL	2246-2 Coach Hou 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	SC BLUd. 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2 MINO IF YES, GIVE WAR OR OATES	ED 13. WAS DECEN	2812 IDENT OF HISPANIC ORIGINATION OF HISPANIC ORIGINA	GIN? (Specify Yes or No-	Black, White, etc. Specify:
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) (Give	EDENT'S USUAL OCCUPATION Is kind of work done during most ONOT use retired.) DIMEMAREA		166. KIND OF BUSINESS/I	White NOUSTRY
B a	17. FATHER'S NAME (First, Middle, Last) WILL'S GOAD 19a. INFORMANT'S NAME (Type/Print)			Edna Kina	it, Middle, Maiden Surneme	
must be notif	Bettu Jane Denbow 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 X Remo	20b. PLACE AN	3100 Marcando BD DATE OF DISPOSITION (Name atory or other plece) Grove Cemet	Lane, Upp	ATE 20c. LOCATION	O MD 20772 — City or Town, State
xaminer	21. SIGNATURE OF FUHERAL BERNICE LIC	INSER .	22. NAME AND 147 Du	Re of Glou	John M. Tar cester St.	<u>e Creek, West VA</u> ylor Funeral Hon , Annapolis, MD
Injury, or other traumatic event, the medical at CERTIFICATION	immediate Cause (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEOU	PROCE OF): HENCE OF): HENCE OF):	It such	Ficien	interval Between Onset and Death
MEDICA	PART II. Other significent conditions	contributing to deeth but not rea	suiting in the underlying o	euse given in Pert I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 140	Y 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
8 is marked, or item ED BY PHYSICIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 A YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: Inpatient 2 En/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY — At hombuilding, etc. (Specify)	OTHER: 4 Nursing Home 28b. TIME OF INJURY MORK 1 YES	.? 3 2 NO 28f. Li		
If item	One) 2 MEDICAL EXAMINES	IAN: To the best of my knowledge, dest				
TO BE CO	206, SIGNATURE AND INTLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	1 Sputy	DOGO BLACE	054 D	ATE SIGNED (Month, Dey, Year)
	31. DATE FILED (Month, Dey, Year) JUL 2 9 1993	38 REGISTRAR'S SIGNATURE Grunn Davidoon Mond	lable	20 7°		307()

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician,	illed in by the funeral director, page 5 should be detached for use as the burial-transit n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
7	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
		Chanev		7- 1	7:45 PM						
			a dispart i Tom w dispart 26 lines.					IRTHPLACE (State or Foreign			
		□ M 2 X F 87			(Month, Day, Year) 09/07/05		MD.				
~	9a. FACILITY NAME (If not institution, give street 421 Wempe Drive	and number)		city, town of Cumber	R LOCATION OF DE	ATH	9c. COUNTY O				
OT:	RESIDENCE OF DECEDENT			comper	Tand		Alle	jany			
DIRECTOR	10a. STATE 10b. COUNTY		1.0	WN OR LOCAT				10d. INSIDE CITY			
	MD. Alleg	any	Cumb	perland	1		1 PYES 2 NO				
FUNERAL	421 Wempe Drive				ZIP CODE 21502		10g. CITIZEN O	DF WHAT COUNTRY?			
JNE		. WAS DECEDENT EVER IN U.S. ARI	MED			IIC ORIGIN? (Specify Yes		ACE — American Indian,			
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	o	If yes, spe	city-Cuban, Mexicas 2 NO Specify	n, Puerto Rican, etc.)	14. H	Black, White, etc. Specify: White			
	15. DECEDENT'S EDUCATI										
ETE	(Specify only highest grade con	npleted) (Gi	CEDENT'S USUA ve kind of work of Do NOT use reti	done during mos	N It of working	16b. KIND OF BUS	HNESS/INDUSTR	M.			
IPL	7	College (1-4 or 5+)	omemak	er		Own H	ome				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden :					
BE (George Sanders					ia (Buncut					
6	190. INFORMANT'S NAME (Typo/Print) Courtney C. Chane					land, MD.	1, State, Zip Code 21502)			
	20a, METHOD OF DISPOSITION		ND DATE OF OR		·		CATION — City o	T 0440			
	1 Donation 5 Other (Specify)	from State cemetery, crer	natory or other p	lace)		/20/93 Cumb					
	21. SIGNATURE OF FUNERAL SERVICE LICENS	6///	ESL D		D ADDRESS OF FAC		Funeral				
	· Willam J	Kielk		309-31	1 Decatu			d, MD. 21502			
	23. PART I. Enter the diseases, or com	plications that caused the de	nth. Do not e	nter the mod	de of dying, suct	as cardiac or reepi	ratory arrest,	Approximate			
	ahock, or heart feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final										
	resulting in death)	sease or condition									
_	CONDITIONS CONSCOURNED OF										
Ö	Sequentially list conditions, if any, leading to immediate b. Corourus Culley disease Due to (or as a consequence on										
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Hoper Jen.	Scon								
F	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF:	- 6/	_	Jusus	1.5				
CERTIFICATION	d	190 11	- M	a x /2			4				
AL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PRIFORMED? AMALABLE PRIOR TO AMALABLE PRIOR TO										
000	Territorial of Milliple Store 1 yes 2 tho Completion of cause of obstatic										
¥	Recused	Fremuer	ex	-	Asper	store.		1 TYES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26 81	ACE OF DEATH (Che						
SICI	EXAMINER?	OSPITAL:		HER:	11	6 C Other (Specify)					
Ή	27. MANNER OF OEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJU	JRY AT	28d. OEŞCRIBE HOW IN	JURY OCCURED)			
BY	1 Netural 5 Pending 2 Accident Investigation	(10010, 00)	HOORT		ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At hor building, etc. (Specify)	ne, ferm, street	, factory, offica		26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
LET	an company & C										
COMPLETED	(Check only	N: To the best of my knowledge, dealers on the basis of examination and/or in									
	296. SIGNATURE AND JUTCE OF CENTURE		meangation, in	my opinion, de							
BE	1	eleps	en		DI31	DEN	DATE SIGN	1 1 9 63			
2	10. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEN	1 27) (Type, Print)		oUII		1///			
	V. K. FELI	PA NO 1	FAC	P 925	Bishop	Walsh Dr.	, Cumbe	rland, MD			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE									
	JUL 201993										

DHMH-18 Rev 1/89

	vermit. Pages 1, 2, 3, should	5	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	1 - STATE REGISTRAR		CE		ICATE C			MENIAL	REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH	AV	VEAR	3. TIME OF DEAT	Н
	SEBASTIANA CAVA							JULY	JÜLY 15, 19		1993	09:05	Ам
- 5	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	MONTHS DAY		IF UNDER 24 HRS.		BIRTH Day, Year)		8. BIFITI	PLACE (State or For	reign
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	217 76 1544	1 □ M 2 🔀 F 80 YRS.						ЛПХ	8.19	213		" ITALY	
~	9a. FACILITY NAME (If not institution, give street end number) CACDED THEADER HOCDETHAN				9b. CITY, TOW			HTA3	,	9c. C	OUNTY OF D	HTAS	
ē	SACRED HEART HOS	PITAL			CU	MBERI	AND				ALLE	EGANY	
E	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY	
	MD	ALLEGANY			Ţ	VESTE	RNPOF	РΤ				LIMITS?	NO
AL	10a. STREET AND NUMBER				T	101. ZIP CC				10g. C	CITIZEN OF V	WHAT COUNTRY?	
<u>u</u>	134 FRONT S	TREET					21562	2			U.	S.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. WAS I	DECENDEN'	OF HISPA	NIC ORIGIN?	Specify Ye	s or No-	- 14. RACI	E — American Indie k, White, etc.	n,
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	•		ES 2 X N		en, Puerto Ric fy:	an, etc.)		Spec	ffv:	
	15. OECEDENT'S EOU	CATION	1 44 . 22									WHITE	
	(Specify only highest grade	completed)	(Gh	ve kind of	WSUAL OCCUP. work done during se retired.)	most of wo	king	16b. K	IND OF BU	SINESS/	INDUSTRY		
PL	UNKNOWN	College (1-4 or 5 +	.)		OMEMAKI	G.			Г	OME	STIC		
OM	17. FATHER'S NAME (First, Middle, Last)			11	OTHERMAN		THER'S N	AME (First, Mic					
	UNKNOWN	IINKNOWN									,		
UNKNOWN 19a. INFORMANT'S NAME (Typer/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								* ***					
F	CARMELLA FIS	HEL		1120	5 RAGIN	IG BR	OOK I	OR BO	VIE.	MD	2072	0	
	20g, METHOD OF DISPOSITION 1 Belief 2 Cremetion 3 Per	20b. PLACE A	E AND DATE OF DISPOSITION (Name of					DATE 20c. LOCATION — City or Tow					
	4 L. Donation & L. Otser (Specify)	SR.	PETERS CEM. 7-20-93										
	22. NAME AND ADDRESS OF FACILITY BOAL -WARNICK FUNERAL HOME												
	1 Malerun	NW	Jam	Lh				I ST.				MD2156	2
	23. PARTY I. Enter the diseases, or o	omplications tha	ceused the de	tth. Do i	not enter the	mDde of	lying, suc	ch as cerdie	c or resp	iratory	arrest,	MD 2.156 Approxime	
	anock, or neert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition resulting in death) * . (Main www. wrest)								1				
	•	DUE TO	OR AS A COMSEO	UENCE O	F):		01/)	1	/	9,)	
S	Sequentially list conditions,	·	inte	1	nyou	and	ul	m	200	di	m	men	mal
Ā	if any, leeding to immediate cause. Enter UNDERLYING	DUE 10	OR AS A CONSEC	UENCE D	16/	.00	f,	016				Ben and	1
임	CAUSE (Disease or Injury thet initiated events	e. DUE 10	OF AS A COMMEN	GENCE OF	July	ega	ugo	V.,	. 1	77	,	CAG 1200	un
E	resulting in death) LAST	. (1/0	-	17	crie	e,	- Pool	com	zv		12 mi	sty.
	DART II OALL HARRING AND AND AND AND AND AND AND AND AND AND		VV	0	41	14	my	nege	u			1400	diffe
₹ I	PART II. Other significant conditions contributing to death but not resulting is the underlying cause given in Part 244. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE												
ă	Pensacula memorane companie 1 VES 2 MO COMPLETION OF CAUSE												
ž	- an	y (fens	num	2.0	lulo	20	- 1	-, X				1 ☐ YES 2 ☐ N	0
A N	25. WAS CASE REFERRED TO MEDICAL	iello	meer	de	> MAN	~	Llyn	erlins.					
22	EXAMINERY NO	HOSPITAL:			OTHER:		resembatachan	neck anly one)					-
žI	27. MAYNER OF DEATH	28s. DATE OF	ER/Outpatient 3	28b. TIM	4 ☐ Hursing H	INJURY AT	Residence	8 Other (S		N HIRV C			
	1 Pending	(Month, De			IURY	WORK?	CT NO	280. DESCR	mic mow i	MAUNT C	ACCOMED		- 1
	3 Suitside 6 Could not be	28e. PLACE O	F INJURY — At hon	ne, fann, i				28t. LOCATION (Street and Number of Rural Route Number.					-
Ħ	4 Homicide determined	building,	etc. (Specify)					City or	Tawn, State)				- 1
쁘	29e. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of	my knowledge des	th occurr	ad at the time of	eto and ula							\neg
× I		R: On the basis of ea) and manner se str	test
	29b. SIGNATURE AND TITLE OF CENTIFIES)			7	CENSE NU						
BE	Cnk	117			\	1/	150	43		290. D	ATE SIGNED	16/92 Year	100
2	30. NAME AND ADDRESS OF PERSON WI	ECMPLETED CAUS	E OF DEATH (ITEM	17) (Tipe.	Juint)		//	0/			111	4//	
	SHIN KIM,	л. 90 M	AIN STRE	ET W	ESTERN	PORT,	MD.	21562					
	31. DATE FILED (Month, Day, Year)	M. REGISTRA	R'S SIGNATURE										
	JUL 201993	Jani De	in-fue	M									ł

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		23121		
	1. DECEDENT'S NAME (First, Middle, Last)	JAMES ALOI	NZO CROWE	, SR.		2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH 10:43a M		
	4. SOCIAL SECURITY NUMBER 214 01 0174 90. FACILITY NAME (If not institution, give a	1 □ M 2 □ F 85	YRS.	F UNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 3 12 08	Coun M.A	HPLACE (State or Foreign RYLAND		
DIRECTOR	Frostburg Hospit			Frostbu		EATH	Allegar			
	MARYLAND AT 100. STREET AND NUMBER	LEGANY		STRURC 101		ZTHLMAN)	10g. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?		
BY FUNERAL	RT 2 BOX 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	227 12. WAS DECEDENT EVER IN FORCES? 1 YES	2 K NO	If yes, spe	21532 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) I ☐ YES 2 ☐ MO Specify: WHITE					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CAT(ON completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of won life. Do NOT use n	k done during mo:			USINESS/INDUSTRY	011		
Ö	17. FATHER'S NAME (First, Middle, Lest)		MINER		18. MOTHER'S NA	AME (First, Middle, Melder				
BE	FRANKI IN CR	OWE			F	EMMA STOKES	S			
TO E	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To-				
	PATSY MILLER 10 YELLOW ROW, MT. SAVAGE, MD 21545 200-METHOD OF DISPOSITION 200-PLACE AND DATE OF DISPOSITION (Name of DISPOSITION (N									
	20a_METHOD OF DISPOSITION Y\[A\)Burlai 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		etery, crematory or other	place)		-100				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	OSTBURG MI	SO	WERS FUN	VIERAL HOME,				
	23. PART I. Enter the diseases, or o	complications that caused	tha death. Do not	entar tha mod	de of dying, suc	ch as cardiac or reap	olretory arrest,	Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	CONSEQUENCE OF:	an	est	. 1		Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b Congress	CONSEQUENCE OF:	licant Suclái	But had	ne- evid	ense	10 Payo		
PHYSICIAN: MEDICAL C	PART II. Other significant condition	se contributing to death but gently	t not resulting in	the underlying	cause given in	Port I. 244. WAS AN PERFO	RMED?	WERE AUTOPSY FINDINGS MINICABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
ICIA	25. WAS CASE REFERRIED TO MEDICAL EXAMINERT	HORPITAL:	16	26, PL	ACE OF DEATH (C)	eck only one)				
1YS	1 TYES 2 NO	1 Inpetient 2 ER/Outpe	tlent 3 DOA 4	Nursing Home		8 C Other (Specify)				
ŧ.	1 Natural 5 Pending	/ 28s. DATE OF INJURY (Month, Day, Hear)	SHE, TIME O	WO		28d. DESCRIBE HOW	INJURY OCCURED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	38s. PLACE OF INJUSTY building, etc. (Speci	At home, farm, stre		ER 2[] NO	29f. LOCATION (Street City or Town, State	and Number or Russi	Sculle Mumber		
COMPLETED	29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the basis of patimination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIES	п ту ориноп, ос				(Minth, Day, Year)				
2	Dr. S. Kim, 90 N	lain St., Wes	ternport,	MD 216	562	- 6		1179		
3	JUL 21 1993	32. REGISTRAS'S SIGNA	TURE							

1 - STATE REGISTRAR	STATE OF MARYLAN			OF HEALTH A				
1. DECEDENT'S NAME (First, Middle, Last)		CENTIL	CATE	OF DEATH		REG. NO.	-	3. TIME OF DEATN
						MONTH DAY	YEA	R
Elwood 4. SOCIAL SECURITY NUMBER 5.	Lee 6. AGE (In v			ington		07 14	199	WI
The state of the s	Ø M 2 □ F 39	rs. lest birthday) YRS.	IF UNDER 1	YEAR IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/14/195	Co	RTHPLACE (State or Foreign unity)
•a. FACILITY NAME (# not institution, give street Interstate 68,	at the-			OWN OR LOCATION		ТН	9c. COUNTY O	
4 mile marker			Fri	endsvil	le		Garre	<u>tt</u>
10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR	LOCATION				10d. INSIDE CITY
Maryland Garre	tt	Fri	iends	ville				1 VES 2 NO
AND THE RESERVE OF THE PARTY OF				101. ZIP CODE		- 10	10g. CITIZEN C	F WHAT COUNTRY?
Route 2, Box 150				2153				SA
	WAS DECEDENT EVER IN U. FORCES? 1 X YES					C ORIGIN? (Specify Yee o Puerto Rican, etc.)	r No- 14. R	ACE — American Indian, lack, White, etc.
1 Never Married .2 Married 3 Widowed 4 Divorced	if yes, give wan on date		10	TES 2 (X) NO	Specify:	, rueno muan, etc.)		White
15. DECEDENT'S EDUCATI (Specify only highest grade com	ON 16	a. DECEDENT'S				16b. KIND OF BUSI	NESS/INDUSTR	Υ
	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	ring most of working		PDI She	ets C	onstruction
12	F	oremar	1			Road Co		
17. FATNER'S NAME (First, Middle, Last)	SAME TO PE			18. MOTNE	R'S NAM	E (First, Middle, Melden S	urname)	
William Coddingt	on		8.0	S	hir	ley Gibbs		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (oute Number, City or Town,		
Sharol R. Coddin	gton	Rt. 2	, Bo	x 150;	Fr	iendsvill	e, MD	21531
20e. METNOD OF DISPOSITION 1 V Burlel 2 Cremellon 3 Removal 4 Donation 5 Other (Specify)	from State cemete.	ACE AND DATE O	her place!		0.10.14	7/18 Fri	ATION — City o	
21. SIGNATURE OF FUNERAL SERVICE LICENS	WE	oming		AME AND ADDRESS			enasy	ille, MD
· A Lind	Neuman		Ne	wman F	unei	ral Homes Marvlan		
23. PART I. Entar the diseases, or com shock, or heart fellure. List	plications that caused the	ne death. Do n	ot enter th	ne moda of dyln	g, such	as cardiac or respire	itory arrest,	Approximata interval Between
IMMEDIATE CAUSE (Final	n		1					Onset and Death
disease or condition resulting in death)	Multin	le V	neu	relo				
	DUE TO (OR AS A CO	INSEQUENCE OF	10					
Sequentially list conditions,								
If any, leading to immediate	DUE TO (OR AS A CO	INSEQUENCE OF	7:					
CAUSE (Disease or Injury								
that initiated events	DUE TO (OR AS A CO	DISEQUENCE OF	7:					
d								
PART II. Other aignificent conditions of	ontributing to death but	not resulting i	n the und	erivina ceuse al	ven in E	Part I. 24s. WAS AN A	Impey	24b. WERE AUTOPSY FINDINGS
				onymig oddao gi	VOII III 1	PERFORM	ED?	AVAILABLE PRIOR TO
						1 YES 2 (NO	OF DEATH?
						_	0.1	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	26. PLACE OF DEA	ATN (Chec	ck only one)		
	☐ Inpetient 2 ☐ ER/Outpetie	int 3 🗆 DOA		ng Nome 5 🗆 Resi	dence 6	XOther (Specify) a	t sce	ne
27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	26b. TIMI	E OF 2	Sc. INJURY AT WORK?		28d. DESCRIBE NOW IN.	JURY OCCURE)
1 Natural 5 Pending 2 X Accident Investigation	07 14 199			1 X YES 2	NO F	ed. stru	ck by	truck
3 Suicide 6 Could not be	28e. PLACE OF INJURY -	Al home, farm, s	treet, Jactor	y, office	_	261. LOCATION (Street an		
4 Homicide determined	inters					City or Town, State) [-68 (3 4	mile	marker
29a. CERTIFIER 1 CERTIFYING PHYSICIAN			of at the time	a data and also-				HIGTAGE
anal	On the beats of exemination as							se(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	10			29c. LICEN	SE NUMI	BER	29d. DATE SIGI	NED (Month, Day, Year)
Magate Monto	rell			0	C.N	1 E	0.7	15 1993
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)				- 01	4.3.1.3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow is after death. Page 6 may be retained by the itending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day

DHMH-16 Rev 1/89

DHMN-16 Rev 1/89

the hos	e detache		t once.
etained by	should by		otified a
may be r	ior, page 5		ust be n
th. Page 6	neral direct		miner m
s after dea	by the fur	emoval.	dicai exa
n 24 nour	ly filled in	ation, or n	the me
uted withi	complete	inal, crem	ic event,
e be exec	sician and	prior to bu	traumati
h certificat	nding phy	Hyglene	or other
t the death	by the atte	nd Mental	injury,
equires tha	en signed !	of Health a	hows any
The law n	te has be	ite Dept.	em 23 s
SICIAN:	certifical	th the Sta	d, or ite
DING PHY	After this	death wit	s marke
OR ATTEN	INECTOR:	ours after	em 28 i
DSPITAL C	NERAL D	thin 72 hc	NAT: If Its
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)	COMPAN		2	MONTH DAY	YEAR	9:00 a M		
	DELLA MYRTLE 4. SOCIAL SECURITY NUMBER 5. SEX	IF UNDER 24 HRS. 7.	IS. 7. DATE OF BIRTN 6. BIRTNPLACE (State or Foreign						
1	218-30-0496 1 M 2	. 01	HOURS MIN.	(Month, Day, Year) 10/31/08		RYLAND			
TOR	98. FACILITY NAME (If not institution, give street and num ALLEGANY COUNTY NU RESIDENCE OF DECEDENT	*		BERLAND	PC. COUNTY OF DEATN ALLEGANY				
DIRECTOR	10e. STATE 10b. COUNTY MD ALLEGA	NY	MOUNT SA			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔏 NO			
FUNERAL	ROUTE 1, BOX 145		10	101. ZIP CODE 21545			VHAT COUNTRY?		
BY	1 Never Merried 2 Married FORCE	CEDENT EVER IN U.S. ARM 8? 1 YES 2 XI GIVE WAR OR DATES	O If yee, s	CENDENT OF NISPANIC becify Cuben, Mexican, F B 2 X NO Specify:		Pr No 14. RACE Black Specif	American Indian, c, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1	- Man	ON ast of working	16b. KIND OF BUSINESS/INDUSTRY					
BE CON	17. FATNER'S NAME (First, Middle, Last) JOHN HENRY KNIERI	EM		The second second	(First, Middle, Meiden S				
TO B	BETTY R. O'BAKER		RT 1, BOX				21545		
	20s. METNOG OF DISPOSITION 1 X Burrisi 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name-of cemetery, cremetery or other place) RESTLAWN MEM. PARK 7/26/93 LA VALE, MD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	le	HARV	EY H. ZE	IGLER FU		номе		
CERTIFICATION	23. PART I. Enter the diseases, or complication shock, or heart failure. List only of IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Cencinu			Approximate interval Between Oneet and Deeth				
: MEDICAL	PART II. Other significant conditions contribution Sellection	ting to death but not re	ng cause given in Pa	ert i. 24s. WAS AN A PERFORM	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	AL:	28.1 ОТН 2 Я;	PLACE OF OEATN (Check	conly one)				
PHYSICIAN		OATE OF INJURY	DOA 4 Nursing No	me 5 Residence 6	Other (Specify)	JURY OCCUREO			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	Wonth, Day, Year)	INJURY W	ORK? YES 2 NO			Section Market		
ETED	3 Suicide a Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)								
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.								
B	296. SIGNATURE AND TILE OF CERTIFIER	J. Son	may)	D-1486		P 7-9	(Morth, Day, Year) 22-93		
10	30. NAME AND AGORESS OF PERSON WHO COMPLET ROBUSTIANO J. BARRERA			L MED. BLD	G, CUMBER	LAND. ME	21502		
		EGISTRAR'S SIGNATURE				,			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Peer filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY YEAR 3.				
- 9		ROY SYLV	ESTER CO	WGILL,	JR.	July 22,	1993 YEAR	1:45 p M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A BIB	THPLACE (State or Foreign	
	220-16-6481	1 💢 M 2 🗆 F	67 YRS. M	ONTHS DAYS	HOURS MIN.	1-17-26	WES	intry)	
	Sa. FACILITY NAME (If not institution, give s	treet and number)		h CITY TOWN O	R LOCATION OF D		9c. COUNTY OF		
Œ	Memorial Hospit		1		erland	CAIH			
6	RESIDENCE OF DECEDENT	.41		Cumbe	= Land		ATTE	egany	
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY	
5	WEST VA MIN	ERAL	DID	CELEV				LIMITS?	
	10e, STREET AND NUMBER	LIVAL	KIU	RIDGELEY				1 X YES 2 NO	
2	29 BLOCKER STR	ГГТ		101			10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS		200.00	26753 U.S.A.				. A .	
교	1 Never Married 2 Married	12. WAS DECEDENT, EVER FORCES? 1 YE	S 1 N U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify, Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American India Black, Whita, atc.					
A	3 Widowed 4 Divorced	1950 - 19	OATES	1 TYES	2 NO Spec	ty:		ocity: WHITE	
	15. DECEDENT'S EDU								
11	(Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo:	N sl of working		RLAND (
اي	Elementary/Secondary (0-12)	College (1-4 or 5+)	TRUCK			AND SU		CHEN	
Σ	8		TRUCK	DKINEK					
COMPLET	17. FATHER'S NAME (First, Middle, Last) ROY SYLVESTER	COMCTIT	CD			AME (First, Middle, Malden	,		
B		COWGILL,				INIA MAYH			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)		
	BENEDA COWGILL		P.0.	BOX	178 - F	RIDGELEY.	WV 21	5753	
	BENEUA COWGILL P.O. BOX 178 - RIDGELEY, WV 26753 20e, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE of DISPOSITION (Name of Computing								
	4 Donation 5 Other (Specify)		emetery, crematory or other SUNSET MEI	MODIAI	PARK	7-2493 CU	MBERLA	ND, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22 NAME AN	D ADDRESS OF F	CILITY		,	
	m/h. J. la	4,	,	GEORG	E-UPCH	URCH FUNE	RAL HO	ME, P.A.	
_	Signay 41,	Upchines		1202 G	KEENE	SI. CUMBE	RIAND.	MD 21502	
	23. PART I. Enter the diseases, or of ahock, or heert fellure.	omplications that caus	ed the deeth. Do not	enter the mo	de of dying, su	ch as cerdlec or respi	ratory arrest,	Approximata	
Į.	IMMEDIATE CAUSE (Finel	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		C 1	0	200		Interval Between Onset and Deeth	
	disease or condition resulting in death)	. How	te lash	1291C	1 PV	ntme			
	in dodding	OUE TO (OR AS	A CONSEQUENCE OF	0	1	silme	0		
z		Holo	Jancod	Sen	nos C	oll a.	my	1	
은	Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS							
CERTIFICATION	ceuse. Enter UNDERLYING		HIND 2l	80	*				
Ĕ	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):								
토	resulting in death) LAST Comman HTV4em Di Sere,								
2									
A	PART II. Other aignificant condition	s contributing to death	but not resulting in t	he underlying	ceuse diven in	Part I. 24a. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS	
DICAL					,	1 _ YES 2	0.00	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ij								OF DEATH?	
						_	- 1	1 YES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (C)	neck onto one)			
잃	EXAMINER?	HOSPITAL:		THER:					
¥∥	1 120 2 10	28a. DATE OF INJUR				6 Other (Specify)			
ᅔᆘ	27. MANNER OF DEATH			WOI	RK?	28d. DEŞCRIBE HOW II	NJURY OCCURED		
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year,			ES 2 NO	1			
B	1 Natural 5 Pending 2 Accident Investigation				111				
à	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be		RY — At home, tarm, streeterly)		111	281. LOCATION (Street a City or Town, State)	nd Number or Rure	l Route Number,	
à	1 Netural 5 Pending 2 Accident Investigation	28e. PLACE OF INJUI	RY — At home, tarm, streetecify)		111	281. LOCATION (Street a City or Town, State)	nd Number or Rura	Floute Number,	
à	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, etc. (Sc	ecity)	et, factory, offica		City or Town, State)		l Route Number,	
à	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28e. PLACE OF INJUI building, etc. (Sc CIAN: To the best of my kno	wiedge, desth occurred a	et, factory, offica	and place, and du	City or Town, State) to the cause(a) and man	ner as stated,		
COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide B Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. PLACE OF INJUI building, etc. (Sc CIAN: To the best of my knot R: On the basis of examinat	wiedge, desth occurred a	et, factory, offica	and place, and durenth occured at the	to the cause(a) and man	ner as stated,	(a) and manner as stated.	
à	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28e. PLACE OF INJUI building, etc. (Sc CIAN: To the best of my knot R: On the basis of examinat	wiedge, desth occurred a	et, factory, offica	and place, and durent occurred at the	to the cause(a) and man time, date and place, an	ner as stated,		
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E COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only 0ne) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME ANO ADDRESS OF PERSON WHO	28e. PLACE OF INJUI building, etc. (Sy CIAN: To the best of my knot R: On the basis of examinat	wedge, death occurred a lon and/or investigation, I	ot, factory, offica	and place, and dup bath occured at the 29c. LICENSE NU D 233	to the cause(a) and man time, date and place, an MBER	ner as stated, d due to the cause 29d. OATE SIGNE	(a) and manner as stated.	
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TO BE COMPLETED BY FUNERAL DIRECTOR

14-28-6073 1 M 2 P 95 VYB. DON'NE DATE TROUBE BARE T	SOCIAL SECURITY NUMBER 214-28-6073 a. FACILITY NAME (# not Institution, pive et 20 Willow Ave) 520 Willow Ave) 520 Willow Ave) 620 Willow Ave) 620 Willow Ave) 620 Willow Ave) 630 Willow Ave) 630 Willow Ave) 640 Married 2 Married 650 Willow Ave) 650	S. SEX 1	GE (In yrz. last 95 ER IN U.S. ARM ES 2 AN ES 2 AN ES 3 ARM ES 3 AN ES 6 19b. 8	MED O CEOENT'S See kind of a Do NOT us a MARLING 348	9b. CITY, TOWN West Y, TOWN OR LOCA West 13. WAS OE If yes, si 1 Yes USUAL OCCUPATION THESS (Street	HOURS NIN. OR LOCATION OF MINS TO: TION MIN	7. DATE OF (Month, E 2) DEATH P ANIC ORIGIN? (Can, Puerto Rice) 18b. Ki C IAME (First, Mid.	Specify Yes or an, etc.) Specify Yes or an, etc.)	a. BIF COC MM Carr Og. CITIZEN OF US NO 14. RI BI SP ESS/INDUSTRY Ing fair	THPLACE (State or Foreign Unity) F DEATH Oll 10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY? ACE — American Indian, ack, White, etc.
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ROBERT K. Pritts. Sr. 412 Washington Rd., Westminster. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and the coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwood or contributing on ceuse on seed into. MEDIATE CAUSE (Final season or conditions, and the country of			K	ar	Prit	ts Fun	eral I	lome &	& Cha	pel
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EXAMINER? 1 YES 2 NO	WAS CASE REFERRED TO MEDICAL				26 P	LACE OF DEATH #	Check only one)			
MANNER OF DEATH Natural 5 Pending Investigation 28e. DATE OF INJURY 28b. TIME	EXAMINER?		Dudmation of		OTHER:					
Natural 5 Pending Investigation 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE DATE									Im annum	
Accident Investigation Suicide					URY W	ORK?	28d. DEŞCR	IIDE HOW INJU	HY OCCURED	
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(Check only 1 CHITY ING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner ee state SIGNATURE AND TITLE OF CERTIFIED 28c. LICENSE NUMBER 29d. DATE ID TO (Mogrith, Day, Year)	_ o _ could not see	building, etc. (Specify)	ne, farm, c	ereet, factory, offic	ce .	28f, LOCATI City or	ON (Street end Town, State)	Number or Run	al Route Number,
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Than \$ /an/ 10 20 4278 1 2816 28 9	SIGNATURE AND TITLE OF CERTIFIER	1 // 1	7		10	29c LICENSE N	UMBER	21	9d. DATE SIGN	IED (Month, Day, Year)
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Ven XI	m-1L		IN	18)	1200	17.7	g li	(J8	11, 28 8
	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (Time	Print)				0	50,1
		7		, (· , p·o,						,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-manner be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

					OLITIII	ICATE OF	DEATH		REG. NO.		
			1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH	3.	TIME OF DEATH
		1 7	LOUISE	VIOLA	CANNON			MONTH	DAY	YEAR	
	- 1		4. SOCIAL SECURITY NUMBER					July			:00 pm M
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- 4			Sa. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. C	OUNTY OF DEAT	TH
- 40		œ	Glasgow Nurs	sing Home		Car	bridge			orches	
- 60		DIRECTOR	RESIDENCE OF DECEDENT	Jing Home	Call	IDITUSE		D	orches	ter	
- /	B	1 E	10s. STATE 10s. COUNT	Y	10c CIT	Y, TOWN OR LOCA	TION			1	
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21215-0020	Burlai-transit	띠	1 Never Married 2 Married	FORCES? 1 TYE	S 2X NO	If yes, a	pecify Cuban, Mexico	nn, Puerto Ric	(Specify tes or No- an, etc.)	Black, W	American Indian, Vhite, atc.
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2 4	8	<u> </u>	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPATI	ON ost of working	16b. F	UND OF BUSINESS	INDUSTRY	
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7 5	o te				C - 1 1	18. MOTHER'S NAME (First, Middle, Melden Surneme)					
A B	8 8	8		rederick	Schleute					eters	
RE, MARYLAND 21215-0020	5 should notified	5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural	Route Number	; City or Town, State,	Zip Code)	
2 8	3 5	F	S. Burgoyne Ca	annon	5542	2 Ovste	r Shell	Pt.	Rd. E.	N.Mar	ket Md.
m a	page p		20a. METHOD OF DISPOSITION		Ob. PLACE AND DATE			DATE		— City or Town,	
BALTIMORE, ir death. Page 6 may b	ector, p		1 Durisi 2 Cremation 3 Rem	noval from State	emetery, crematory or o	ther place)	ame or	DATE	20c. LOCATION	— City or Town,	, State
N 8	filled in by the huneral director, ion, or remosal he medical examiner mus		4 Donation 6 Other (Specify)		Dorcheste	r Memor	ial Park	1/31	Cambr	idge M	d •
E 6			21. SIGNATURE OF FUNERAL SERVICE LI	0 0		22. NAME A	ND ADDRESS OF FA			-	
7 1	fund P		* Kenta	& Ihamis	- 4h -				homas l		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremativem 28 is marked, or Item 23 shows any Injury, or other traumatic event, it	PLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	DUE TO (OR AS C. DUE TO (OR AS d	S A CONSEQUENCE O S A CONSEQUENCE O S A CONSEQUENCE O S Dut not resulting utpetient 3 DOA Y 26b. TiM IN. RY — At home, farm, pocify)	28. P) OTHER: 4 Dersing Hon E OF 28c. IN. BURY M 1 street, factory, office	LACE OF DEATH (C/	8 Other (28d. DESCI 28f. LOCAT City or	PERFORMED? I YES 2 NO Specify) RIBE HOW INJURY ION (Street and Num Town, State)	OCCURED OCCURED stated.	Onset and Death MINUTES MINUTES PROPRIETOR TO TO MAPLETION OF CAUSE F DEATH? VES 2 NO
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremativem 28 is marked, or Item 23 shows any Injury, or other traumatic event, it	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	b. DUE TO (OR AS c. DUE TO (OR AS d	S A CONSEQUENCE O S A CONSEQUENCE O S A CONSEQUENCE O S Dut not resulting utpetient 3 DOA Y 26b. TiM IN. RY — At home, farm, pocify)	28. P) OTHER: 4 Dersing Hon E OF 28c. IN. BURY M 1 street, factory, office	LACE OF DEATH (C) ne 5	8 Other (28d, DESCI	PERFORMED? YES 2 NO Specify) RIBE HOW INJURY ION (Street end Num Town, State)	OCCURED OCCURED stated. o the cause(e) or	Onset and Death MINUTES MINUTES MINUTES PROPERTY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE DEATH? YES 2 NO
DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremati PORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, it	E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined Check only one) 2 MEDICAL EXAMINER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 2000 2	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR A	S A CONSEQUENCE O S A CONSEQUENCE O S A CONSEQUENCE O Dut not resulting Utpatient 3 DOA Y 28b. Tim (N) RY — At home, farm, pocify) Dowledge, death occurrition and/or investigation	28. P): In the underlyin 28. P) OTHER: 4 Norsing Hon E OF 28c. IN. WY M 1 Street, factory, office ed at the time, dete	LACE OF DEATH (C) ne 5	8 Other (28d, DESCI	PERFORMED? YES 2 NO Specify) RIBE HOW INJURY ION (Street end Num Town, State)	OCCURED OCCURED stated. o the cause(e) or	Onset and Death MINUTES MINUTES MINUTES PROPERTY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE DEATH? YES 2 NO
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hyglene prior to burial, crematifiem 28 is marked, or Item 23 shows any Injury, or other traumatic event, it	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR A	S A CONSEQUENCE O S A CONSEQUENCE O S A CONSEQUENCE O Dut not resulting Utpatient 3 DOA Y 28b. Tim (N) RY — At home, farm, pocify) Dowledge, death occurrition and/or investigation	28. P): In the underlyin 28. P) OTHER: 4 Norsing Hon E OF 28c. IN. WY M 1 Street, factory, office ed at the time, dete	LACE OF DEATH (Cr ne 5	281. LOCAT City or to the cause time, date as	PERFORMED? YES 2 NO Specify) RIBE HOW INJURY ION (Street and Num Town, State) (e) and menner as and place, and due to the state of the state o	OCCURED Diber or Rural Rout stated. Dithe cause(e) ar	Onset and Death MINUTES MINU
DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hyglene prior to burial, crematifiem 28 is marked, or Item 23 shows any Injury, or other traumatic event, it	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined Check only one) 2 MEDICAL EXAMINER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 2000 2	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR A	S A CONSEQUENCE OF A CO	28. P) 28. P) 28. P) 28. P) 28. IN 28. IN 28. IN W 1 In street, factory, office at the time, date on, in my opinion, co	LACE OF DEATH (Cr ne 5	281. LOCAT City or to the cause time, date as	PERFORMED? YES 2 NO Specify) RIBE HOW INJURY ION (Street end Num Town, State)	OCCURED Diber or Rural Rout stated. Dithe cause(e) ar	Onset and Death MINUTES MINU

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OF VI	PHYSICIAN-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN - TI
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Samuel	L.	0.1		Con	2. DATE OF OEATH	N VI	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	lins	Sr.	07	21 9	93 10:00 P M		
	215-20-1208	1 ☑ M 2 ☐ F 6		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 6-23-1925	6.	BIRTHPLACE (State or Foreign Country) Md.		
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 8c, COUNTY OF DEAT						
OR	Berlin Nursing Ho	ome		Berl	in		Worce	ster		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY	. TOWN OR LOCAT	TION			10d. INSIDE CITY		
DIR	Md. Wicon	nico	I	Delmar				LIMITS?		
3AL	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	600 Pine St.		101 102		21875		USA			
	1 Never Married 2 Merried	12. WAS DECEDENT EVER IF FORCES? XX YES IF YES, GIVE WAR OR D.	2 NO	If yes, sp	ecify Cuban, Maxica	HIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.		
ВУ	3 Wildowed 4 Divorced	WW II	AI ES	1 L YES	2 NO Specify	y:		White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	USUAL OCCUPATION done during mo	ON est of working	16b. KIND OF BUS	INESS/INDUST	TRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Maintena			enter(Health Care)			
₩ O	17. FATHER'S NAME (First, Middle, Last)		Harneene	тес вер	_	ME (First, Middle, Maiden	Surname)			
BE C	Roland Collins				Lula	Whaley Col	lins			
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	Sylvia C. Nichols 301 Walnut St. Delmar, Md. 21875 20a. METHOD QE DISPOSITION 20b. PLACE AND DATE OF DISPOSITION OATE 20c. LOCATION — City of Town, State									
	1 Burlel 2 Cremetion 3 Remo	val from State 20b	PLACE AND DATE Of the stern Sho	FDISPOSITION (Ne	me of	OATE 20c. LO		or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	stern suc	22. NAME AN	ID ADDRESS OF FA	CILITY		n, De.		
	My May	1. H. In				Home, Incelmar, De.				
	23. PART I. Enter the diseases, or company or heart fallers.	omplicatione that ceused	the deeth. Do no	ot enter the mo	da of dying, suci	h se cardisc or reepi	ratory arrest,	, Approximate		
	IMMEDIATE CAUSE (Finel	lat only one cause on a	ich line.					Interval Between Onset and Death		
	disease or condition resulting in death)	-100	r L	nila	ne			1mn4		
_	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Chirnois DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
10	in only, loading to milliodiate									
CA	CAUSE (Disease or Injury									
CERTIFICATION	that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PINDINGS									
SA	PAHI II. Other significant conditions	. 7			1	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
BY PHYSICIAN: MEDIC	Calcution		pha	10/11	,	1 TYES 2	X NO	COMPLETION OF CAUSE OF DEATH?		
Σ ;	E 215					_		1 TES 2 TO NO		
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	eck only one)				
YSI	1 TES 2 TO NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4 Doursing Home	e 5 🗆 Residence	6 Other (Specify)				
H	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	IRY WO	RK?	28d. OEŞCRIBE HOW IN	JURY OCCURE	EO		
	2 Accident Investigation	28e, PLACE OF INJURY	— At home, farm, at	" 1 1 1	ES 2 NO	261 LOCATION /Steel	ad Number or B	hard Brooks Moreshan		
COMPLETED	4 Homicide 8 Could not be									
PE	29a. CERTIFIER (Check only	IAN: To the best of my knowl	edge, daath occurred	at the time, date	and place, and due	to the cause(a) and man	ner en stated.			
NO.								use(a) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM		29d. DATE SIG	GNED (Month, Day, Year)		
0	por-	2			D020	26	17-	2293		
	30. NAME AND ADDRESS OF PERSON WHO Federico G. Art		2A Ocean		Rerlin	n, MD 2181	1			
	31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S GIGN			Delili	, III 2101.				
12	JUL 2 2 1993 J	ella Davidson-Adr	E PORTE							

1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND I	MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Mic Edith Ca				2. DATE OF DEATH DO TO 19		3. TIME OF DEATH 11:30 PM	
4. SOCIAL SECURITY NUMBER 221 09 5090	Female.	VRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BiRT Coun	HPLACE (State or Foreign	
Berlin Nursin	g Home		rt, rown or location of de rlin Manyland		9c. COUNTY OF		
Delaware 10	Sussex	10c. CITY, TOWN Milto	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NOXX	
10. STREET AND NUMBER R. D. # / BC 11. MARITAL STATUS	x 85		101. ZIP CODE 1 19968			WHAT COUNTRY? A.	
3 Widowed 4 Divorced	I IE VES CIVE WAR OF DA	U.S. ARMED 2 NO NTESXXXXX	D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 O Sective:			E — American Indian, ck, White, etc.	
(Specify only hig Elementary/Secondary (0-12)	NT'S EDUCATION thest grade completed) College (1-4 or 5+)	Ille. Do NOT use retired	ne during most of working i.)		SINESS/INDUSTRY		
17. FATHER'S NAME (First, Middle George E.		<u>lelephon</u>		Lommu ME (First, Middle, Meiden Wilson	nication Sumeme)	1	
190. INFORMANT'S NAME (Typod Ruth Smit		196. MAILING ADORE	ss (Street end Number or Rural F #1 Box 85 ,	Nilton, D	n, State, Zip Code) elaware	19968	
20. METHOD OF DISPOSITION Buriel 2 Cremation 4 Donation 8 Other (Spi 21. SIGNATURE OF FUNERAL SE	Came	PLACE AND DATE OF DISP etery, crematory or other place DAKER U. M.	Cometeny 7	122/93 Mi	cation - chy or t Lton, Del Inc.,	aware	
23. PART I. Enter the disea ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	ich iina.	ar the moda of dying, auch			Approximata Interval Between Onset and Death	
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c.	CONSEQUENCE OF):					
PART II. Other algorificant of	conditional contributing to death be	Part I. 24s, WAS AN PERFOR	MED?	D. WERE AUTOPSY FINDINGS AMALBILE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 X NO			
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	others 3 000 AVI	26. PLACE OF OEATH (Che ER: ursing Home 5 Residence				
27. MANNER OF DEATH 1 X Netural 5 Penc	28s. DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED		
3 Suicide 6 Coul	id not be mined 28e. PLACE OF INJURY building, etc. (Special contents)		281. LOCATION (Street and Number or Flural Floute Number, City or Town, Stete)				
29e. CERTIFIER (Check only one) 2 MEGICAL	NG PHYSICIAN: To the best of my knowled	edge, death occurred at the	time, data end place, end due opinion, death occured at the	to the cause(s) end man	ner se stated.	s) end menner as stated.	
296. SIGNARDINE AND TITLE OF	СЕЯТИНЕЯ	7	29c. LICENSE NUMBER 29d. D			DATE SIGNED (Month, Day, Year) 7/20/93	
Federico G. A	rson who completed cause of oear thes, MD 1622A	Ocean Pine	s, Berlin, MD	21811			
31. DATE FILEO (Month, Day, Year)	July James RAPS SOM	Street.					

1	-	STATE REGISTR	Αſ
,	1. D	ECEDENT'S	N
	-		

TO BE COMPLETED BY FUNERAL DIRECTOR

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH MONTH			. TIME OF OEATH
SARAH AGNES	DEMA	ΔY			JULY 27	, 1993	TEAH	05:41
I. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIFTH (Month, Day, Year	,	8. BIRTHPL Country)	ACE (State or Foreign
19 10 0175		79 YRS.	MONTHS DAT	HOURS WIIN.	12 30 13		Maryl	and
s. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF O	HTA	9c. COUI	NTY OF OEA	тн
CALVERT MEMORIAL	HOSPITAL		PRINC	E FREDERIC	CK	CAL	VERT	S. Delle
De. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LO	CATION			I 1	Od. INSIDE CITY
Maryland Balt	imore	Ba	ltimore					Od. INSIDE CITY LIMITS?
De. STREET AND NUMBER				101. ZIP CODE		10g. CITI		AT COUNTRY?
4368 Sheldon Ave				21206		US	A	
I. MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	It yes,	DECENDENT OF HISPAI specify Cuben, Mexica (ES 2 NO Specifi	n, Puerto Rican, etc.)		14. RACE - Black, 1 Specify:	- American Indian, White, stc. White
15. DECEDENT'S EO		16a. DECEDENT'S			16b. KIND OF	BUSINESS/IND	USTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during se retired.)	most of working				
12		house	wife		8 - 24	home		
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mak	den Sumame)		
John Ernest Th	omas			Mar	ie Antoin	ette W	loodbu	ırn
s. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or	Town, State, Zip	Code)	
rank Wm. DeMay		same	as #10					
a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Re		Ob. PLACE AND DATE			1	LOCATION -		
☐ Donation 5 ☐ Other (Specify)		emetery cremetory or col	metery	7/3	0/93 01	ivet,	Calve	ert Maryl
. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME	AND ADDRESS OF FA	Rausch	Funer	al Ho	ome
· DKC	messes		4405	Broomes				
Sequentielly list conditions, any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury het initieted events esulting in daath) LAST	bDUE TO (OR AS	S A CONSEQUENCE OF A CO	PF):	ARY EN				
ART II. Other significent condition	ona contributing to death	but not reaulting	in the underly	ring cause given in		AN AUTOPSY FORMED?		VERE AUTOPSY FINDIN
					1 🗆 YES	2 10 NO	0	OMPLETION OF CAUSE OF DEATH?
S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DEATH (Ch	eck only one)			
1 TYES 2 THO	1 Inpetient 2 ER/O	-	4 🗆 Nursing H	Iome 5 Residence				
Natural 5 Pending Investigation) IN	JURY M 1 [INJURY AT WORK?	284. DESCRIBE HO	W INJURY OC	CUREO	
3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	street, factory, o	ffics	261. LOCATION (Str. City or Town, St	eet and Number late)	or Rural Rou	ste Number,
	SICIAN: To the best of my known							and manner as stated
SIGNATURE AND TITLE OF CERTIFIC	terd	DEATH (ITEM 27) (7	Deline*	D 3 3	0 15	29d. DAT	- 27-	Month, Day, Year)
WAYNE ROZRAN, M.	1			ERICK, MD	20678			
DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI			_				

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MILES THIS PARTY OF THE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

93 23 136

	1 - STATE REGISTRA			CE	RTIF	ICATE	OF	DEA	ГН	A	EG. NO.			
	1. DECEDENT'S	DAVID	R. DAY	7TC						2. DATE OF C	DAY		VEAD	TIME OF DEATH
	4. SOCIAL SECU		5. SEX	6. AGE (In yrs. last	hirthday	IF UMDER	1 VEAD	IF UNDER	24 LIDE	7. DATE OF B	14,	199		O: 45 P
		8-1725	1 M 2 F	31	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	(, Year)	.	Country)	
		ME (If not institution, give		24	-	9b. CITY	TOWN O	R LOCATI	ON OF D	MAY 9	, 196	9c. COUNT		JERSEY
OR	136		A AVE.				SILV						TGOME	
DIRECTOR	10a. STATE	OF DECEDENT 10b. COUNT	Υ		10c. CI	ry, TOWN C	R LOCAT	ION					10	d. INSIDE CITY
	MD.		TGOMERY			SIL	VER :	SPRI	NG				1	LIMITS? YES 2 NO
RAL	10. STREET AND	1	A ATTY				101.	ZIP COD	E			10g. CITIZE		T COUNTRY?
FUNERAL	11	117 11411011			+	23	1,=	3/		,	oucify Yes o	r No 1	U.S.	American Indian,
BY F	1 1	******			1		, _				, 9tc.)		Black, W Specify:	hits, etc.
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ETE	.1000	701					and the same of) OF BUSH	NESS/INDU	STRY	
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PHYSICIAN:	44.1		Will Margarette	6. 11 1 1 10										
Ĕ	27. 8	17	Sant Mile Wall	Cart Harris							W IN	URY OCCU	RED	
BY	1 2							[J #W					
_	4 Homicide	6 Could not be determined	28e, PLACE 1 building	OF INJURY — At hon , atc. (Specify)	ne, farm,	street, fact	ory, office			28f. LOCATION City or Tox	N (Street and vn, State)	d Number or	Rural Rout	Number,
	29a. CERTIFIER	1 X CERTIFYING PHYS	CIAN. To the best of	- convent				50						
COMPLETED	(Check only	1 🔀 CERTIFYING PHYS 2 🗌 MEDICAL EXAMINI												d menner as atal
BE C		AND TITLE OF CERTIFIE			_				ENSE NUI					onth, Day, Year)
10 8	Karho	vivo lik	eldman	-00.	10			00	88	18 (4	(d)	17/	156	93
-	30. NAME AND AL	. / /		SE OF DEATH (ITEM	27) (Type	, Print)	n 6	7.10.	0.	1.4.0				00:
	31. DATE FILEDIA	forth, Day Wast	-	A UU	UL	rnni	SIY	180	207	VER Sp.	ring), H	070	902
	JUL	T 6 1993	Julia Vai	SIGNATURE A	مالك						0			

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Retail - Auto Sales

21502

18. MOTHER'S NAME (First, Middle, Maiden Surname)

CUMBERLAND,

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

GRACE E. LAMBERT DROLL

MD

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIRECTOR

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

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296. SIGNATURE AND TITLE OF CERTIFIER

DR. DONALD MANGER,

JUL 201993

mon

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

Warran ti

31. DATE FILED (Month, Day, Year)

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L DIRECTOR: After this certificate har? 2 hours after death with the State Diff Item 28 is marked, or Item?

FUNERAL I IMPORTANT: If

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223

UNKNOWN 17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

WAYNE DROLL

JOSEPH W. DROLL JR.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle Last) 3. TIME OF DEATH YEAR JOSEPH W DROLL 07 93 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 234 62 3920 1 W M 2 F 54 02 11 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FROSTBURG HOSPITAL FROSTBURG ALLEGANY 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Frostburg MD ALLEGANY 1 X YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 163 Bowery Street 21532 U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+)

Mechanic

20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 1 Buriel 2 Cremation 3 Re 4 Donation 8 Other (Specify) SMITHS URG CREMATORIUM 7-16-93 SMITHSBURG 22. NAME AND ADDRESS OF FACILITY BOAL-WARNICK FUNERAL HOME 700 111 CHURCH ST. WESTERNPORT, MD 21562 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finel in farction Onset and Death disease or condition myocardia 35m1n resulting in death) DUE TO (OR AS A CONSEQUENCE OF): terioscietotic cardinvasculat disease Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24s. WAS AN AUTOPSY CIGGreTTE Smolina neav) COMPLETION OF CAUSE 1 TYES 2 NO DF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ig Home 5 - Residence 8 - Other (Specify) 4 D Nu 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred et the time, deta and placa, and due to the cause(s) and manner as steted.

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as steted.

70 MAIN STREET, LONACONING, MD.

29c. LICENSE NUMBER

00 923

POTOMAC ST.

29d. DATE SIGNED (Month-Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.
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	1 - FOR STATE REGISTRAR	STATE OF MA			F HEALTH AND I	MENTAL HYGIEN REG. NO	ΙE	3 2	3138
	1. OECEOENT'S NAME (First, Middle, Last) Anna. E.	Dahl				2. OATE OF OEATH MONTH O		EAR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 193–24–7236		AGE (In yrs. last birthday	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) Dec. 19, 18	10		E (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give str GOOGWILL Mennoni:				ntsville,			ett C	0.
DIRECTOR	10e. STATE 10b. COUNTY	ett Co.		antsvi]	cation Lle, Md.				INSIDE CITY LIMITS? YES 2 1 NO
ERAL	100. STREET AND NUMBER PO Box 310				10f. ZIP CODE 21536			SA	COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes	DECENDENT OF HISPAN s, specify Cuben, Maxica YES 2 NO Specify		e or No 14	Black, White Specify: W	mericen Indian. te, atc. hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	16e. DECEDENT (Give kind of the Do NOT Homema	's usual occur of work done during use retired.)	PATION g most of working	186. KIND OF BU		STRY	
	17. FATHER'S NAME (First, Middle, Last) Thomas F. Cour	nihan			18. MOTHER'S NA Cath	ME (First, Middle, Melder erine Hart	Surname) Man		
TO BE	190. INFORMANT'S NAME (Type/Print) Rita Findell					Route Number, City or You ord, Fl. 3		ode)	
	20e. METHOD OF DISPOSITION 1		SS. Phil	ip & Ja	of cemetery, cremetory or ames Ceme.	20c. LC Mey	ersdal	e, Pa	. 15552
	· Willia XI	// '	MA-1124 MD-107			R. Price F St. Meyers			
	23. PART I. Enter the diseases, or consher fallure. LIMMEDIATE CAUSE (Finel	list only one ceuse	on each line.			,	olretory arres	it,	Approximete Interval Between Onset and Death
	disease or condition resulting in death)	Crebro OUE TO (OI	NA SCI CILL	Aceid	int, Re	current			4 DAYS
ATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING	Cerebro DUE TO (OI	UASA CONSEQUENCE	Dise OF):	use,				
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO (OI	R AS A CONSEQUENCE	OF):				İ	
	PART II. Other algnificant conditions	4		g in the under	lying ceuse given in	Part I. 24e. WAS AT PERFO			E AUTOPSY FINDINGS LABLE PRIOR TO
MEDICAL	Hypertensian	and Fp	ilure.).		1 YES	2 X NO	OF D	PLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	IAIS 12	OTHER:	6. PLACE OF DEATH (C)	neck only one)			
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 tnpetient 2 E 28e. DATE OF IN (Month, Day,		TIME OF 28c	Home 5 Residence : INJURY AT WORK? YES 2 NO	S Other (Specify) 26d. DESCRIBE HOW	INJURY OCCU	RED	
ED	2 Accident invertigation 3 Suickle 6 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At home, ferr c. (Specify)	n, street, factory,	office	281. LOCATION (Street City or Town, State	and Number or	Rural Route	Number,
COMPLET						to the ceuse(e) end me			manner se stated
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	/_/	Il	mn	29c. LICENSE NU			SIGNED (Mon	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CHISE	DE DEATH STEM 27 C		10070	01111	507	00	7.5

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JAMES E. BEITZEL

26 1993

JAMES

JUL

31. DATE FILED (Month, Day, Year)

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BALTIMORE, MARYLAND 21203-3146	NG PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physician.	for this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit from any with the State Dent. of Health and Mental Horlene prior to burial, cremation, or removal.
N OF VITAL RECORDS, P.O. BOX 13146,	ate be executed within	for this certificate has been signed by the attending physician and completely filled in by the safe with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.
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TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-Mours after death. Page 6 may be retained by the hois TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION JUL 281993

REGISTRAN				OLITTII	IOAII					REG. NO.		_	
1. DECEDENT'S NAME (First, Rufus Wi		inlow							MONTH			3. TIME OF 8:45	P. M
4. SOCIAL SECURITY NUMB		5. SEX	6 AGE //n vm	s. last birthday)	IF UNDER	O 4 VEAD	IC LIMPS	R 24 HRS.	Jul	y 2.		BIRTHPLACE (Stat	
215-36-864		1 VM 2 F			MONTHS	DAYS	HOURS	MIN.	(Month	Day, Year)		Country)	
9a. FACILITY NAME (If not ins		Λ	78	******	May 24, 1915 Illinois							ŝ	
			1								1112		
Rt. 1, Box	IZ, A	iken-Mil	ier ka	•	Rt.	1, A	ccld	ent,	MD.		Gar	rett	
10s. STATE	10b. COUNT	Y		10c, CIT	Y, TOWN	OR LOCA	TION					10d. INSID	
Maryland	Ga	ırrett		Rt.	1,	Box	12,	Acci	dent			1 TYES	
10e. STREET AND NUMBER						10	f. ZIP COD	Œ			10g. CITIZE	N OF WHAT COUN	TRY?
Rt. 1, Bo	x 12						21	520			U	ISA	
11. MARITAL STATUS		12. WAS DECEDEN								? (Specify Yes		4. RACE — America Black, White, etc	ın indien,
1 Never Married 2 3 Widowed 4 Divo		FORCES?	WAR OR DATES	□NO			2 NO		en, Puerto R fy:	lican, etc.)	-	Specify: Whi	
15. DEC	EDENT'S EDU		11	. DECEDENT'S	USUAL C	CCUPATI	ON		16h	KIND OF BUS	INFSS/INDIE		-
(Specify only	highest grade	completed)		(Give kind of life. Do NOT u	work done	during me		ing	1000	Tanto or bot	JINE 00/111001		
Elementary/Secondary (0		College (1-4 or 5	"	Caremi					100	C			
17. FATNER'S NAME (First, MI				Farm	ITIC		16 MOT	NED'S N		Farm Hiddle, Meiden	Sumamal		
											Garrierrier		
Lyman S.				105 MARINO	ADDRES	© /Ctmat			Hoy	er, City or Town	a Chata Zia C	la dal	
Helen Enl				Rt. 1						MD 21		odej	
20s, METNOD OF DISPOSITI			20b. PL	ACE OF DISPO								ty or Town, State	
4 Donation 6 Other		noval from State		ang Rur	Cen	neter	٠v			McH	enry.	MD	
21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE		119 1101		NAME A	ND ADDRE			- 1		TID.	
▶ Rugh	N	Neum	and,	/						omes,		MD. 2153	-
23. PART I. Enter the di	seases, or			a death. Do	not ante								roximate
	eart failure.	List Dnly Dne car	use on each	lina.								intai	rvai Between et and Death
disease or condition resulting in death)	+			Imov	-							1	year
		DUE TO	(OR AS A CO	HOUENCE C)F):	1	n e .					10	inale
Sequentially list conditi	ons,			NSEQUENCE C		UV	0) [.						cars
If any, leading to immed ceuse. Enter UNDERLYI		DOE TO	(ON AS A CO	NOLUUENUE U	rr j.								
CAUSE (Disease or Inju		C. DUE TO	(OR AS A CO	NSEQUENCE O	PF):								
that initiated events resulting in death) LAS	Т		(4		,							1	
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PART II. Other algnifica	nt conditio	na contributing to	death but r	not resulting	in the u	nderlyln	g cause	given ir	Part I.	24a. WAS AN PERFOR		24b. WERE AUTO	
										1 TES 2			ON OF CAUSE
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									_				
25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF	DEATH (C	heck only on	e)			
EXAMINER?		HOSPITAL:	FR/Outnote	or 3 □ DOA	OTHE	R:	. 9		6 Othe	·			
27. MANNER OF DEATN		26s. DATE O		26b. TII			JURY AT	residencs	_	CRIBE NOW I	NJURY OCCI.	IRED	
	Pending	(Month, I	Day, Year)	IN	JURY	W	YES 2	□ NO					
a Destate	Investigation	28e, PLACE (OF INJURY —	At home, ferm,	street for				28/ 1.00	ATION (Street	and Number o	r Rural Route Numbe	
	Could not be determined	building	etc. (Specify)			atory, on				or Town, State)		Tional Tione Northoc	
29a. CERTIFIER 1 CERT	IFYING PNYS	SICIAN: To the best o	f my knowledg	a death conur	and at the	time det	a and place	o and du	a to the cou	(a) and ma			
(Silvon Silv)		ER: On the basis of											or as stated.
						,,						-011 - COV-2-23	
29b. SIGNATURE AND TITLE	VI CERTIFIE	in An and an	L	D			290 LI	ZENSE NU	IMBER C	-a	29d, DATE	SIGNED (Month, De	y, Year)
7/10/00/01	Jan	Will a south	- PV	ν			V	4) /)	-1	1	- 4-	1 7
30. NAME AND ADDRESS OF	PERSON WI	NO COMPLETED CAL	SE OF DEATN	(ITEM 27) (Typ	Print)	00	Ro	V 2	117	11	ida	+ MI	71570
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	1. OECEOENT'S NAME (First, Middle, Las		CERTIF	ou En	-1-0	2. DATE OF DEA	DAY YE	3. TIME OF OEAT
	4. SOCIAL SECURITY NUMBER		in Matth AGE (In yrs. lest birthday)	EW LIS	IF UNDER 24 HRS.	7. DATE OF BIRT	FH 6.1	BIRTHPLACE (State or Fo
	220-33-6524	1 M 2 □ F	2 Y12 YRS.	MONTHS DAYS	HOURS MIN,	(Month, Day, Y	-91	Country
	9a. FACILITY NAME (If not institution, give	e street and number)	11	9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	. 4
TOF	MESIDENCE OF DECEDENT	Hediahor Ho	spital	Balti	none		Balti	hore City
DIRECTOR	10a. STATE 10b. COUR	NTY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Do	orchester		Secreta	1. ZIP CODE		10g CITIZEN	1, YES 2
FUNERAL	111 Branch	Road		10	21664		WS	A
NO.	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARMED YES 2 THO		CENDENT OF HISPAP Decity Cuban, Mexica			RACE American India Black, White, etc.
BY F	Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR OATES		S 2 NO Specify		100.7	Specify: White
ED E	15. DECEDENT'S E		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND (OF BUSINESS/INDUS	TRY
Li I	(Specify only highest gri	College (1-4 or 5+)	life. Do NOT L	work done during m use retired.)	ost of worlding			
COMPL	17. FATHER'S NAME (First, Middle, Lest)		No	ne		ARE COLA RESIDE	Materia Communi	
-	Andrew Mar	k Engle				ME (First, Middle, I Cathy I		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street			or Town, State, Zip Co	de)
	A. Mark Engl	.e	111	Branch	Rd. Sec	cretary	y . Md . 2	21664
	20a, METHOD OF DISPOSITION 1 Wuriel 2 Cremation 3 - Re	emoval from State	20b. PLACE OF DISPO				toc. LOCATION City	
	4 Donation 5 Other (Specify)	LICENSEE	Dor. Me		Park 7		Cambrid	lge, Md.
	21. SIGNATURE OF THE	Accessed		AL. NAME A				
	23. PART Lighter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finsi	re. List only one cause	e on each line.	700 not anter the m	ode of dying, suc	St. Cardiac or	amhridge respiratory arrest	t, Approxim Interval B Onset and
	immediate cause (Final disease or condition resulting in death) Sequentially list conditions,	a. Severe DUE TO (0		not enter the m	Locust ode of dying, suc	St. Cardiac or	amhridge respiratory arrest	t, Approxim Interval B Onset and
ERTIFICATION	immediate cause (Final disease or condition resulting in death)	a. Severe DUE TO (0	on each line.	not enter the m	Locust ode of dying, suc	St. Cardiac or	amhridge respiratory arrest	t, Approxim Interval B Onset and
MEDICAL CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Severe DUE TO (0 DUE TO (0 DUE TO (0	OR AS A CONSEQUENCE OF	not enter the m	Locustode of dying, such McCea	St. Cach as cardiac or sed in the	amhridge respiratory arrest	t, Approxim Interval B Onset and
SICIAN: MEDICAL CERTIFICATION	shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Severe a. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d. HOSPITAL:	OR AS A CONSEQUENCE OF	not enter the m	Locustode of dying, such McCea	heck only one)	MAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF GEATH?
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TED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart feilur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. Severe a. Due to (o b. Due to (o c. Due to (o d. Lions contributing to d lions contributing to d 28e. PLACE OF be building, et	PR AS A CONSEQUENCE OF AS	or): or):	PLACE OF DEATH (C) TOTAL PLACE OF DEATH (C) TOTAL TOTA	heck only one) 8 Other (Special Described Des	MAS AN AUTOPSY PERFORMED? YES 2 NO City) HOW INJURY OCCUI	24b. WERE AUTOPSY I AMALABLE PRIOR COMPLETION OF OF OEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart feilur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigatic 3 Suicide 8 Could not determined 29a. CERTIFIER (Check only) 1 CERTIFYING Ph	a. Severe a. Due to (o b. Due to (o c. Due to (o d. Lions contributing to d lions contributing to d 28e. PLACE OF be building, et	PR AS A CONSEQUENCE (OR AS A CONSEQUENCE (or): or):	DOCUMENT OF DEATH COMMENT OF THE PLACE OF DEATH COMMENT AT ORREST OF DEATH COMMENT AT ORREST	heck only one) B Other (Special Description of the cause(s))	MAS AN AUTOPSY PERFORMED? YES 2 NO (Street and Number or n, State) and manner as stated	24b. WERE AUTOPSY I AMALABLE PRIOR COMPLETION OF OF OEATH? 1 YES 2 RED



68760,	
BOX	
P.0	
RECORDS,	
DE VITAL	
DIVISION	

		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIENE REG. NO.		LOTAL				
	10	1. DECEDENT'S NAME (First, Middle, Last)	Ray	F	elke	-	2. DATE OF DEATH	1 3	3. TIME OF DEATH				
Pin		4. SOCIAL SECURITY NUMBER 214 86 6375	1X M 2 □ F 24	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/28/68	1 0	BIRTHPLACE (State or Foreign Country) MARYLAND				
2. 3 should	TOR	98. FACILITY NAME (If not institution, give WASHINGTON COUN RESIDENCE OF DECEDENT				ERSTOWN	1	WASHIN					
	DIRECTOR	10a. STATE 10b. COUNT MARYLAND AL	Y LEGANY	10c. CIT	FROSTBU				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
an, ransit per	FUNERAL	100. STREET AND NUMBER 54 McCULLOH ST				21532		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit at once.	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Otvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	ENDENT OF HISPANIC ecify Cuban, Maxican, 2 NO Specify:	ORIGIN? (Specify Yes o Puarto Rican, etc.)	2.000	RACE — American Indian, Black, Whita, stc. Specify: WHITE				
21215 ital or attend d for use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	College (1-4 or 5+)	(Give kind of v life. Do NOT us		st of working	16b. KIND OF BUSH						
IARYLAND tained by the hospit should be detached titled at once.		17. FATHER'S NAME (First, Middle, Last) WILLIAM H. FE		ROAD CON	STRUCTIO	18. MOTHER'S NAME	HIGHWA'	TY					
MAR\ e retained to 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) GERALDINE LEWIS	SKLK, SK.			GERALDINE LEWIS RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LLOH ST., FROSTBURG, MD 21532							
AORE, ge 6 may be rector, page		20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE C	FDISPOSITION (Na			ATION — City	or Town, Stata				
BALTIMORE, MAR hours after death. Page 6 may be retained ed in by the funeral director, page 5 should or removal.		21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532											
within 24 with 24 npletely fill cremation vent, the		23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on ea	ach line.	ot enter tha mo	de of dying, such a	as cardiac or respira	itory arrest,	Approximate Interval Between Onset and Death				
P.O. BOX 68 h certificate be executed in physician and laygiene prior to burn or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF									
RECORI w requires that the been signed by tt. of Health and shows any in the shows and the shows any in the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows any in the shows and the shows and the shows and the shows and the shows any in the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows and the shows any shows any shows any shows any shows and the shows and the shows any shows any shows any shows any shows and the shows and	MEDICAL	MEDICAL	MEDICAL	MEDICAL	MEDICAL	PART II. Other significent condition Right To Form of the Corn Donal To Medical 25. WAS CASE REFERRED TO MEDICAL		t wist			PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
F 5 5 5	PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inputient 2 ER/Output 28s. DATE OF INJURY	atient 3 DOA	OTHER: 4 - Nursing Home	• 5 Residence 8		TIEW COOLING					
O FF signature	D BY	1 Netural 5 Pending 2 Accident investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Speci	3 975	M 1 U	PK? PES 2 NO	B1. LOCATION (Street and City or Town, State)	Verele	Left road				
DOI DIRE	MPLETE	4 Homicide determined 29a. CERTIFIER (Check only of the control o	CIAN: To the best of my knowle	west	20 m	and place, and due to	W(5 hc	or an stated.	long MD				
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	BE COM	296. BIGNATURE AND TITLE OF CERTIFIC	Bi-On the basis of sysmination	and/or investigation	s, in my opinion, d	29s_LICENSE NUMBE			HISTO (Month Day: Hear)				
P 2 2 W	2	30. NAME AND ADDRESS OF PERSON ME	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)	1/00	46000	1/2 /s	MD21742				
4		31. DATE FILED (Month, Day, Mary 3	2. REGISTBAR'S SIGNA	ATURE	11/18/	YY	1149.931		1 / 1 1 1 7 7 2				

1	i -	FOR STATE REGISTRA	
	1, 0	ECEDENT'S N	١
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	CERT	IFICATE C	F DEATH	RE	EG. NO.	_					
	1. DECEDENT'S NAME (First, Middle, Last)							YEAR	3. TIME OF D	EATH		
- 8	B951/ L	furr		MONTH O7	0/26 9			3 %	Au			
1		AGE (In yrs. last birthd	MONTHS DA		(Month, Day,	(Year)		Countr	PLACE (State o			
	1 234 10 - 043/ 1 1	97 YR		13040 700	Dec 21	., 18	395		t Virg	inia		
œ	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
5	Greater Laurel Beltsville Hospital Laurel Prince George											
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10											
	Maryland Howard	J	essup						LIMITS?	□ NO		
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN				77		
N.	225 Glen Court			20794				U.S	S.A.			
	1 Never Married 2 Married FORCES? 1	YES 2 XNO	If yes	DECENDENT OF HIS , specify Cuben, Mer	xicen, Puerto Rican,	ecify Yes , etc.)	or No—	Black	E — American I k, White, etc.	ndlen,		
ВУ	3 ☒ Widowed 4 ☐ Divorced IF YES, GIVE WAR	OR DATES	1 🗆	YES 2 NO Sp	eclfy:			Speci	White			
ED	15. DECEDENT'S EDUCATION	16a. DECEDEN	T'S USUAL OCCUP	ATION	16b. KINC	OF BUS	INESS/IND	DUSTRY	WILCC			
ᄪ	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind life, Do NO	of work done during Tuse retired.)	most of working								
MPI	Grade 3	Maint	enance		Unit	ed S	State	es Go	vernme	nt		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle,							
H	JOIN FULL 190. INFORMANT'S NAME (Type/Print)			Emily		nknov						
2				eet end Number or Ru								
	Grace Whiting			urt, Jes		-						
	1 N Burlei 2 Cremation 3 Removal from State							n – city or Town, Siete ge, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	davage	22. NAM	ANO ADDRESS OF	FACILITY				yland			
	· 011.40610		Dor	aldson F	uneral H	lome,	P.A	١.	1 007			
	23. PART I. Enter the diseases, or complications that co	sused the death. D	o not enter the	Talbott	Ave. La	urel	L, Ma	ryla		-		
	enock, or neart require. List only one ceuse	on each line.		mode of dynig, a	ocii es celulec c	oi respii	otory an	rest,		Between		
	IMMEDIATE CAUSE (Final disease Dr condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Onset and Death											
	resulting in death) DUE TO (OF	AS A CONSEQUENCE	OF):	1-11/0/~	_				-			
Z	Conversal aller than any stay.								ļ			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
5	CAUSE (Disease or Injury	AS A CONSEQUENCE	. OB:									
Ē	that initiated events OUE TO (OR resulting in death) LAST	. TO TO TO TO LOCATION	. 51).						j	- 1		
S	d								-			
DICAL	PART II. Other algnificent conditions contributing to de	sth but not resulting				WAS AN A		24b.	WERE AUTOPS			
ğ	Pheumonia	<u> </u>	Os	tunyel.	1/13 10	YES 2	□ NO		OF DEATH?	OF CAUSE		
Σ		715cqse							1 _ YES 2 [□ NO		
A	25. WAS CASE REFERRED TO MEDICAL	re Illian.										
PHYSICIAN: ME	EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH								
¥	1 YES 2 NO 1 Inpetient 2 EF 27. MANNER OF JEATH 28e. DATE OF INJ			fome 5 ☐ Resident	28d, DESCRIBI		L II I I I O O	OURED				
	Netural 5 Pending (Month, Day, 1		INJURY	WORK?	Zed, DESCRIBI	E HOW IN	IJUNT OCI	CURED				
Э ВУ	3 Suicide 28e. PLACE OF IN	IJURY — At home, fan			281. LOCATION	(Street e	nd Number	or Rural R	loute Number.			
COMPLETED	4 Homicide determined building, etc.	(Specify)			City or Tow	rn, State)						
7	29e. CERTIFIER (Check only (Ch	knowledge, death occ	urred at the lime.	late and piece, end o	due to the cause(s)	and man	ner en etel	ad	-			
MO	one) 2 MEDICAL EXAMINER: On the basis of exam	Instion end/or investig	ation, in my opinio	n, death occured at t	the time, date end p	place, end	due to th	ne ceuse(s) end manner e	s stated.		
	29b. SIGNATORE AND TITLE OF CENTIFIER	_		29c. LICENSE N					(Month, Day, Ye			
3B C	let buggles of	/		1025	430		> 7	126	153	_		
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	PF DEATH (ITEM 27) (آ)	rpe, Print)				/	-				
	JOHN Margelis, 1	71 143	33 Lg	vrel Bu	vic Ry.	#30	22	Surel	Mn 2	0705		
	31. DATE FILED (Month, Day, Your) JUL 28 93 Julia Saw	SIGNATURE								- 6		
	JUL CO JO GENERAL	lason-Handal								- 1		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Memal Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	4. SOCIAL SECURITY NUMBER	ER	5. SEX			IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	- 27	93	8. BIRTH	3. TIME OF DEATH 6:30 P IN IPLACE (State or Foreign 17)
					57 YRS.	Oh CIT						Ma		
R							EAIH							
5					S. AGE (In yrs. last birthday) YRS. MONTHS DAYS HOURS SHM. 11-18-3! 96. CITY, TOWN OR LOCATION OF DEATH COlumbia 10c. CITY, TOWN OR LOCATION Ellicott City 10f. ZIP CODE 2104 2 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify in yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 yes, specify Cuben, Mexican, Puerto Rican, etc.) 16a. DECEDENT'S USUAL Oxider diving most of working line. Do NO! use relived.) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To 3605 Chatham Rd 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To 20b. PLACE AND DATE OF DISPOSITION (Name of 22c. L. Cartal And Address of FACILITY Harry H Witzke Funeral 4112 Columbia Pike Ell: 22c. NAME AND ADDRESS OF FACILITY Harry H Witzke Funeral 4112 Columbia Pike Ell: Cametery, crematory or other place) Crestlawn OR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 26. PLACE OF DEATH (Check only one) OTHER: 46 Name of 100 100		H	owar						
	MID	N THE							У					10d, INSIDE CITY LIMITS? 1 YES 2 NO
IERAL		ım Rd.					1		_					WHAT COUNTRY?
BY		2 XNO		If yes, sp	ectfy Cub	nn, Mexica	en, Puerto		Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: White					
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)					(Give kind of work done during most of working					John Hopkins Applied			
OMI	17. FATHER'S NAME (First, Mi	iddle, Last)			Engin	eer		18. MOT	HER'S NA)	
								L	orra	ine	Pellet:	ier	30	
	Deliver Charles Charles													A.
				205.0					Elli	1				
	1 🔀 Burial 2 🗌 Crematio	n 3 🗆 Rem	oval from State	camet	tery, crematory or	other place,		arrie Or		1				
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE		COLITAINI	22.			SS OF FA	CILITY			LSV.	LITE ND
	Har	ru 8	4. W	tok	ie .		-						City	v MD 21043
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between													
ERTIFICATION	If any, leading to immer cause. Enter UNDERLYI CAUSE (Disease or inju- that initiated events	diate NG ry	b. DUE TO	(OR AS A C	TUM CONSEQUENCE C	W 0F):								8 week
CALC	PART II. Other significa	nt condition	s contributing to	deeth but	t not resulting	in the u	nderiyin	g cause	given in	Part I.	PERFOR	MED?	24b	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
											1 YES 2	□ NO		OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF E	DEATH (Ch	eck only o	one)			
TYS	1 TYES 2 NO		1 Inpatient 2			4 🗆 Nur	sing Hom		esidence					
	1 Netural 5				IN IN	JURY	WO	PRIC?] NO	200. DE	SCHIBE HOW IF	NJURY OCI	COHED	
TEO	- Control								281. LOI City	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ш	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.													
Σ			R: On the besis of a	vamination .	and/or immetions	on le -	nalales 4	lanth	and so the	Many 4				Leave the second per
	ETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	WILLIAM F 4. SOCIAL SECURITY NUMBER 031-24-4773 90. FACILITY NAME (II not in HOWARD COURT RESIDENCE OF DEC 10a. STATE MD 10a. STATE MD 10a. STREET AND NUMBER 3605 Chat has 11. MARITAL STATUS 1 Mover Married 2 1 Mover Married 3 Mover Marrie	4. SOCIAL SECURITY NUMBER 031~24~4773 99. FACILITY NAME (If not institution, give some second seco	WILLIAM E. FRAIN 4. SOCIAL SECURITY NUMBER 031-24-4773 1 May 2 F 9. FACILITY NAME (If not institution, give street and number) HOWARD COUNTY MD HOWARD 10. STATE 10b. COUNTY MD HOWARD 11. MARITAL STATUS 1 NAME (If not institution, give street and number) 12. WAS DECEDENT 13. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5) 17. FATHER'S NAME (First, Middle, Last) Frances Frain 19. INFORMANT'S NAME (First, Middle, Last) Frances Frain 20. METHOD OF DISPOSITION 1 Method of Disposition 1 Method of Disposition 1 Method of Cherrical of Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A DISPOSITION 22. MANTER CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) NO DATE OF PEATH 22. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 24. Defect of Could not be determined 25. PLACE Could not be determined 26. PLACE Coulding, Middle, Last only one cere of Coulding, Middle, Last only one cere of Coulding in Coulding investigation 3 Suicide 8 Could not be determined	WILLIAM E. FRAIN 4. SOCIAL SECURITY NUMBER 031-24-4773 1 M 2 F 99. FACILITY NAME (If not institution, give street and number) HOWARD COUNTY General FIESIDENCE OF DECEDENT 100. STATE 100. COUNTY MD HOWARD 100. STATE 100. COUNTY MD HOWARD 100. STATE 100. COUNTY MD HOWARD 100. STATE 100. COUNTY MD HOWARD 100. STATE 100. COUNTY MD HOWARD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 YES, GIVE WAR ON DAI 13. DECEDENT'S EDUCATION (Specify only highest grade complained) Elementary/Secondary (0-12) Coflege (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) Frances Frain 190. INFORMANT'S NAME (Fynathrin) Sally A. Frain 20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A A Coldent BARDIATE CAUSE (Final disease or conditions that Tabled disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A G. METHOD OF DISPOSITION CONTIDUTING	WILLIAM E. FRAIN 4. SOCIAL SECURITY NUMBER 031-24-4773 1	WILLIAM E. FRAIN 4. SOCIAL SECURITY NUMBER 031-24-4773 9. FACILITY NAME (if not institution, give street and number) 15. SEX 9. FACILITY NAME (if not institution, give street and number) 16. STATE 17. STATE 18. SEX 18. W 2 F	WILLIAM E. FRAIN 4. SOCIAL SECURITY HUMBER 0.31-24-4773 1	WILLIAM E. FRAIN 4. SOCIAL SECURITY NUMBER 0.31-24-4773 12	WILLIAM E. FRAIN 4. SOCIAL SECURITY NUMBER 0.31-24-4773 18 M 2 F 57 VPS. 50. FREIDENCE OF INSTITUTE MARE (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number) 19. SEPTICITY NAME (In for institution), give street and number of institution of institution) 19. SEPTICITY NAME (In for institution), give street and number of institution) 19. SEPTICITY NAME (In for institution), give street and number of institution) 19. SEPTICITY NAME (In for institution), give street and number of institution) 19. SEPTICITY NAME (In for ins	WILLIAM E. FRAIN 4. SOCIAL SECURITY NUMBER 031-24-4773 S. SEX S. AGE (in yrs. last brithday) FLACEL YEAR FURGER 34 MSK. 7. DATE S. FRECIUTY NAME (if no standards, pive street and number)	WILLIAM E. FRAIN S. ENCAL SECURITY NUMBER 031-24-4773 15 No 2 F 57 YPS. WORTH ON THE STATUS WORTH OF INSTITUTION OF INCATION OF DEATH COLUMBIA NO. STATE HOWARD FOR STATE 10 NO. STATE 10	WILLIAM E. FRAIN	WILLIAM E., FRAIN A. SOCIAL SECURITY NUMBERS OS1-2-4-6773 IRS 2 2 F S7 VMS. WENTER OS2-2-4-6773 IRS 2 2 F S7 VMS. WENTER FRAIN TO ATT FORM ON LOCATION OF DEFIN HOWERS OS FOR STREET AND MARKERS SOCIAL SECURITY NUMBERS No. STREET AND MARKERS SOCIAL SECURITY NUMBERS No. STREET AND MARKERS SOCIAL SECURITY NUMBERS No. STREET AND MARKERS SOCIAL SECURITY NUMBERS No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY SECURITY No. STREET AND MARKERS SOCIAL SECURITY No. STREET AND MARKERS SOCIAL SECURITY NO. 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JUL 2 8 '93

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

?? hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			YGIENE EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH DAY		3. TIME OF DEATH			
	Cardia lee	Gregor		07	4:10 p M							
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	SIRTH K Year)	6. B	IRTHPLACE (State or Foreign ountry)			
	215-54-3824 9e. FACILITY NAME (If not institution, give str		/ YRS.			Dec.			rginia			
Œ		eet end number)		Waldor	OR LOCATION OF D	EATH		9c. COUNTY (OF DEATH			
2	HWY 228 BOX 161			Charle	es							
DIRECTOR	10e, STATE 10b, COUNTY			TOWN OR LOCAT	11.711				10d. INSIDE CITY LIMITS?			
	Md C1	narles		Waldorf	ZIP CODE				1 TYES 2 X NO			
FUNERAL	Rt.2 Box 161 Hig	U.S <a< td=""><td>OF WHAT COUNTRY?</td></a<>	OF WHAT COUNTRY?									
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	IIIS ADMED	13. WAS DEC	20603 ENDENT OF HISPAI	NIC OBIGIN2 /S	nacify Yea or		AACE — American Indian,			
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	II yes, sp	ecify Cuban, Mexica 2 NO Specif	in, Puerto Ricai	, atc.)		Black, White, etc.			
D BY	3 X Widowed 4 Divorced								Black			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Give kind of we	SUAL OCCUPATION ork done during mo retired.)	ON st of working	16b. KIN	D OF BUSIN	ESS/INDUSTR	TY .			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak				ا مسم					
ON	17. FATHER'S NAME (First, Middle, Last)		Homeman	(e)	18. MOTHER'S NA		ome e, Malden Su	mame)				
BE	Robert Roy Sr 190. INFORMANT'S NAME (Type/Print)				Salli	e Fish	er					
5			19b. MAILING	ADDRESS (Street e	nd Number or Rural	Route Number, C	ity or Town	9720°0	7823			
	Justine Robinson		P.O.	Box 823	, New Ca	stle, I	Delawa	are				
	1 V Buriel 2 Cremation 3 Remo	val from State 20b.	PLACE AND DATE OF etery, cremetory or oth CONTROL CONT	er place)	me of			TION — City of				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE JEON (horale.	22. NAME AN	ID ADDRESS OF FA	CILITY		ly, Va				
	▶ Leon Thornton C.M. EDWARD F	M00582 for UNERAL HOME		Ino	rnton Fu ling Gre	nerai .	Home . 224	Pomonk 27	ey, Md.20640			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final											
	resulting in death) a. CARGROWA OF COLOR 17.											
-	disease or condition resulting in death) a. CARCINOMA OF COLOM DUE TO (OR AS A CONSEQUENCE OF): WETASTATIC TO LIVER											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CA	cause, Enter UNDERLYING CAUSE (Disease or Injury											
F	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)									
B	d.											
AL.	PART II. Other algnificant conditions	contributing to death bu	ut not resulting in	the underlying	cause given in	Part I. 24a	. WAS AN AU		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă						10	YES 2	NO	COMPLETION OF CAUSE OF DEATH?			
Σ						_			1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH (C)							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 26. PLACE OF DEATH (Check only one) The standing Home And Angle How Injury October 1 No. 1 N												
美	27. MANNER OF DEATR	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT			JRY OCCURE)			
BY F	1. Netural 5 Pending 2 Accident Investigation	(Month, Day, Iball)	INJU		RK? 'ES 2 NO							
								ral Route Number,				
	0.000000											
COMPLETED	(Check only LERTIFYING PHYSIC	AN: To the best of my knowle On the besis of examination										
	29b. SIGNATURE AND TITLE OF CERTIFIER		A	ar my opinion, d	29c. LICENSE NUM							
BE	Krigh	ton, m	then		D-28352	- DEN	2	DATE SIG	NED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	rint)	7 20002			•				
	Krishan Mathur,MD	213 Pembroo	ke Sq. Hi	ghway 3	801 S. V	Valdorf	.Md	20603				
	JUL 28 '93	32. REGISTRAR'S SIGNA	TURE Randell									

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND	MENTAL HYGIE				
1	1. DECEDENT'S NAME (First, Middle, Las JULIA 4. SOCIAL SECURITY NUMBER	VNGARRO	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH		993 11:10 A		
	210-28-5887 90. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	57 yrs.	MONTHS DAYS	HOURS MIN.	Sept. 13,	, 1935	BIRTHPLACE (State or Foreign Country) Pennsylvania TY OF DEATH		
DIRECTOR	St. Mary's RESIDENCE OF DECEDENT 108. STATE 10b. COUN	Hospital		Leona	end tow		St	Maryls		
	1 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. Mary's	10c. CIT		icsville			10d, INSIDE CITY LIMITS? 1 ☐ YES 2 ∰60		
FUNERAL	1125 Asher Road				20559			EN OF WHAT COUNTRY? USA		
0	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPAI ecify Cuban, Mexico 2 NO Specifi	NIC ORIGIN? (Specify You, Puerto Rican, etc.)	be or No—	14. RACE — American Indien, Black, White, etc. Specify: White		
COMPLEIED		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				EDENT'S USUAL OCCUPATION Is kind of work done during most of working NOT use retired.) HOUSEWIFE HOME				
BE CON	17. FATHER'S NAME (First, Middle, Last) John Scaricomaz	zzi			16. MOTHER'S NA	ME (First, Middle, Melde Orence Fil	n sumeme) Lomama			
10	190. INFORMANT'S NAME (Type/Print) Michael M. Garr	OW	196. MAILING 1125	ADDRESS (Street o Asher Ro	and Number or Rural Dad, Mecl	Aoute Number, City or To nanicsvil	wn, State, Zip C Le, MD	20659		
	20e. METHOD OF DISPOSITION 1	moval from State	PLACE AND OATE OF	morial (7-28 Wal		lty or Town, State MD 20601		
	Benjamin Ma	tthews M006		Huntt P. O.	Funeral Box 156	Home Waldorf				
CERTIFICATION	23. PART I. Enter the diseases, Dishock, or heart failure immediate CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	ach lina.	espi)	Lype	NYE	54	Intervel Between Onset and Death		
MEDICAL	PART II. Other significant condition	to rome C				PERFO	N ALTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	8 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DEŞCRIBE HOW	INJURY OCCU	TRED		
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)					261. LOCATION (Street City or Town, Stet	t end Number or	r Rural Route Number,		
COMPLETED		SICIAN: To the bast of my know						f. ceuse(e) end manner es stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE 296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	ER My	٥.		10 362	IBER		SIGNED (Month, Day, Year)		
		2ANNE	ATURE	She	NA H	dica	(ev	ter UN M2065		
	.#1 29 793	Sulia Davi	dryn Rande	DE.		-0,44,	4)00	2206.		

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit p on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law Jequires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

	1 - REGISTRAR		CATE OF		REG. NO				
		2 - BREEK			2. DATE OF DEATH	3993 & S	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER S. SEX 1 □阿凡及氏	8. AGE (In yrs. last birthday) 2 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 03/05/23	1ARY	HPLACE (State or Foreign L'AND		
TOR	9a. FACILITY NAME (If not institution, give street and number) UNIVERSITY OF MD. HOSPITAL BALTIMORE RESIDENCE OF DECEDENT								
DIRECTOR	MD 106. COUNTY FREDERICK	FREI	TOWN OR LOCATION ERICK				10d. INCIDE CITY LIMITED 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1558 ST. LAWRENCE CT.		101	21701	10g. CITIZEN OF	WHAT COUNTRY? S.A.			
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 WidowedW 1 Dryggradd 12. WAS DECEDEN FORCES? 1 1F YES GIVE V	TEVER IN U.S. ARMED YES 2 NO WAR OR DATES	If yes, sp	ENDENT OF HISPANI polity Cuban, Mexican 2 NO Specify:	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	Blac	E — American Indian, k, Whita, atc.		
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	life Do MOT use	ork done during mo	ON st of working	16b. KIND OF BU	ISINESS/INDUSTRY	ACK		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 · 7 17. FATHER'S NAME (First, Middle, Last)	HOUSEWIF				HOME			
BE CC	DOC WEEDON			CECII	NE (First, Middle, Meiden LIA SCOTT	,			
٥	BETTY J. THOMAS			NCE CTFRE	oute Number, City or Tox EDERICK	vn, State, Zip Code) MD	21701		
	20a. METHOD OF DISPOSITION BURIAL 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF	EMETERY		UN	VIONTOWN,	MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	De les	22. NAME AN		BRIDGE, MI		& SONS		
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one cau IMMEDIATE CAUSE (Final disease or condition resulting in death)	se on each line.				iratory arreat,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	(OR AS A CONSEQUENCE OF) (OR AS A CONSEQUENCE OF) (OR AS A CONSEQUENCE OF) (OR AS A CONSEQUENCE OF)	A-V Fasc	Estula Estula ur e					
DICAL C	PART II. Other aignificant conditions contributing to	death but not resulting in	the underlying	cause given in F	PERFO	RMED?	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE		
N: MED	Acidosis				- Xve	. NO	OF DEATH?		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VIO 1 Proportion 2		OTHER:	ACE OF DEATH (Chec					
BY PHY	27. MANNER OF DEATH 1 Retural 5 Pending Accident Investigation	INJURY 28b. TIME	OF 28c, INJ	JRY AT	28d. DESCRIBE HOW	NJURY OCCURED			
	3 Suicide 6 Could not be determined 26e. PLACE 0 building,	F INJURY — At home, farm, st etc. (Specify)	reet, factory, office		281. LOCATION (Street City or Town, State)	and Number or Rurel	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) The MEDICAL EXAMINER: On the best of as a second of a second of as a second of as a second of as a second of as a second of a second	my knowledge, death occurred camination and/or investigation	et the time, deta , in my opinion, de	and place, and due to	o the cause(s) and mai	nner es stated.	s) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Vacual J. Clas also	resido	int	29c. LICENSE NUME	BER	29d. DATE SIGNED	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Directly Completed Cause 31. DATE FILED (Month, Day, Year) 32. REGISTRA	LMMS 22	S. Gra	ene St	. Balt	o., Mel.	21207		
	31. DATE FILED (Month, Day, Year) 32. REGISTRA	r's signature fulia Navidan 19	ndall						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.		
the hospi	detached	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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be reta	ge 5 st	e noti	
6 тау	ctor, pa	nust b	
n. Page	eral dire	niner r	
ter death	the fune	II exam	
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in 24 h	ely filled nation,	, the	
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ficate b	physician ne prior	her tra	
ith certi	tending al Hygie	or of	
the dea	y the at	injury.	
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w requi	been s	3 show	
The la	ate has	tem 2	
SICIAN	certific h the S	d, or 1	
NG PHY	fter this	marke	
TENDI	after de	28 is	
AL OR A	L DIRE	f item	
HOSPITA	VITHIN 72	ANT: I	
3HL 0	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the firbe within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	MPORT	
Prof.	- 0	-	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPART	MENT OF H		MENTA	L HYGIEN	Ε	
1. DECEDENT'S NAME (First, Middle, La	st)					OF DEATN		3. TIME OF DEATN
Nicholas	Jacob	Garl	itz		Jul			7:50 A.N
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN	8.	BIRTHPLACE (State or Fore
219-11-5360	1 🔀 M 2 🗌 F	7 YRS.	MONTHS DAYS	HOURS MIN,		th, Day, Year) th 26 1	986	Maryland
9e. FACILITY NAME (If not institution, gi	ve street and number)		9b. CITY, TOWN	OR LOCATION OF		11 20 1		Y OF DEATN
Route 1, Box 51			Frostb	urg			۸٦٠	legany
RESIDENCE OF DECEDENT							2 Santon	regarry
10a. STATE 10b. COU		10c. CITY	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
	llegany		Frostb	urg				1 TYES 2 N
10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
Route 1, Box	1			21532			U.	S.A.
11. MARITAL STATUS	12. WAS DECEDENT ET		13. WAS DEC	ENDENT OF NISPA	ANIC ORIGI	N? (Specify Yes	or No- 14	I. RACE — American Indian. Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			2 NO Spec		riidani, Vid.)		Specify:
								White
15. DECEDENT'S E (Specify only highest gr	DUCATION aide completed)	16a. DECEDENT'S L (Give kind of we	ork done during mo	ON st of working	168	. KIND OF BUS	SINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	,					
None		N	/A				N/A	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First,	Middle, Meiden	Sumame)	
Bernie F.	Garlitz			Kelly		ataro)		litz
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Floure Num	ber, City or Town	n, State, Zip Co	ode)
Bernie F.	Garlitz	Rou	te 1, B	ox 51 Fr	costb	urg, M	d. 215	532
20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 R	emoval from State	20b. PLACE AND DATE OF		me of	DAT	E 20c. LO	CATION - CIT	y or Town, Stata
4 Donation 5 Other (Specify)		Blocher Ce	metery	7/16/93	3	Fin	zel. M	laryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	ID ADDRESS OF F				
John K	Hurst		CO. Th.	ost Aver		urst F		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Chr	AS A CONSEQUENCE OF	dise	nsė				Siaxii b
reaulting in death) LAST	d. 27	week ge.	station	N				
PART II. Other aignificent condit			the underlying	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Cere by	alpalsy							1 TYES 2 NO
Seizu	RE DISOTO	100						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C	heck only o	ne)		
1 YES 2 NO	HOSPITAL:	/Outpetient 3 DOA	OTHER:	5 PAsidence	6 Othe	er (Specify)		
27. MANNER OF DEATN	28a. DATE OF INJ	URY 26b. TIME	OF 28c, INJ	URY AT	_	SCRIBE NOW IF	JURY OCCUP	RED
1 Natural 5 Pending	(Month, Day, Y	bar) INJU	RY WO	RK? 'ES 2 NO				
2 Accident Investigation	26s. PLACE OF IN	JURY At home, farm, str			201 1 00	ATION /Street o	nd Number or	Rural Route Number
3 Suictde 6 Could not 1 4 Homicide determined	building, atc.	(Specify)	and the state of t		City	or Town, State)	nu number or	riurei riuule Number,
29a. CERTIFIER								
(Check only	YSICIAN: To the best of my INER: On the basis of exami							
29b, SIGNATURE AND TITLE OF CERTIF						The present at a		
AND THE OF DENTIL	und.	MITTON B	2. 0.	29c. LICENSE NU		7	29d. DATE S	IGNED (Month, Day, Year)
Dopert for	upon No	wer, "		D-6	926		7	116/93
30. NAME AND ADDRESS OF BERSON	WHO COMPLETED CAUSE O	417			-	1		> 011
31. DATE FILED (Morith, Day, Year)	32/ REGISTRAR'S	SIGNATURE	200	TREEN	27	Wm	BERL	AN) Md 219
JUL 191993	TEORGINAN S	O.O. AN ONE						

		ermit, Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
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	1 - FOR STATE OF MARY REGISTRAR		IENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
7	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH	3. TIME OF DEATH				
	MELVIN W. GARRETT			MONTH DAY	93 445 M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) 6. SEX 9 YRS. MONTHS DAYS HOURS MIN. (Morith, Day, Year) 6. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) 6. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) 6. SEX 9 YRS. MONTHS DAYS HOURS MIN. (Morith, Day, Year)								
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	LONG VIEW NURSING HOME MANCHESTER CARROLL RESIDENCE OF DECEDENT								
R	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.								
	MD. CARROLL WESTMINSTER 18								
FUNERAL	0 1 - ~ -		101. ZIP CODE		ITIZEN OF WHAT COUNTRY?				
JNE	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN II S ADMED	21157	NC ORIGIN? (Specify Yes or No—	1.5.				
	1 Never Married 2 Married FORCES? 1 YE	S 2 NO	If yes, specify Cuben, Mexica	n, Puerto Rican, etc.)	Black, White, etc.				
ВУ	3 Widowed 4 Divorced	DATES	1 TES 2 APPRO Specif	<i>r.</i>	Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BUSINESS/II					
LE	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use rel	tired.)						
MP		FARM		AGRICULT					
	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Surname)	1				
BE	WILLIAM (6ARRETT) 19a. INFORMANT'S NAME (Type/Print)	Tab MAII DIC AC	JANK						
5	STERLING GARRETT	11.12 . 1	ORESS (Street and Number or Rural	House Number, City or Town, State, 2	WESTMINSTER				
	20a METHOD OF DISPOSITION 2	0b. PLACE AND DATE OF DI	O MANCHESTE		- City or Town, State				
	1. Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	emetery, cremetory or other I	place MEM GDN	7/31 FINKS	BURG. MD				
	21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE	-100	22. NAME AND ADDRESS OF FA		, ooice, in				
	· R. Kl Luto		Parts F.H.	WESTHIN	to pol				
	23. PART I. Enter the disesses, or complications that caus shock, or heart failure. List only one ceuse on	ed the deeth. Do not a	enter the mode of dying, suc	h as cardiac or respiratory a	Approximate Interval Between				
	IMMEDIATE CAUSE (Finel	Caori Mila.			Onset and Death				
			TE WITH META	ASISIS	/ lylar.				
	DUE TO (OR AS	A CONSEQUENCE OF):			/				
CERTIFICATION	Sequentially list conditione, b.	A CONSEQUENCE OF:							
TA.	cause. Enter UNDERLYING				İ				
Ĕ	met milletod cronto	A CONSEQUENCE OF):							
F	resulting in death) LAST								
	PART II. Other significant conditions contributing to death	but not excelled by a							
SAL	COPD	but not resulting in th	ne underlying cause given in	Part I. 24s. WAS AN AUTOPS' PERFORMED?	MAILABLE PRIOR TO				
	ASHD			1 TYES 2 NO	OF DEATH?				
Σ	ASHU			_ '	1 YES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	not only one)					
Sic	EXAMINER? 1 YES 2 NO 1 Inputent 2 ER/Ou	stretient 3 DOA 4	HER:						
¥	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY O	CCUREO				
ВУР	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation) INJURY	M 1 YES 2 NO						
	I PECOPETI	RY — At home, tarm, stree	t, factory, office	28f. LOCATION (Street and Numb	er or Rural Route Number,				
=	4 Homicide determined	33.77		City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my kno	wledge, death occurred at	the time, date and place, and due	to the cause(e) and manner as st	tated.				
8	one) 2 MEDICAL EXAMINER: On the basis of examinat								
	29b. SIGNATURE AND TITLE OF GERTIFIER		29c. LICENSE NUI		ATE SIGNED (Month, Day, Year)				
BE	BU prestion we	7	0124		2/29/97				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D		()		1-1/15				
	D.V.FAUS\INO, M.D. 4111	LOWER BE	CKLEYSVILLE	RD HAMPSTEA	D, MD 21074				
	31. DATE FILEO (Month, Dey, Year) 32. REGISTRAR'S SIG	ACCULATION OF THE PARTY OF THE							
	7/29/93 JUL 30'93	die Leviden-1	angle BC		7.0				

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	may be retained by the hospital or attending physician.	or, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to bunal, cremation, or removal.

					OLIT	IOAI	<u> </u>	DLA	111		EG. NO.			
1	1. DECEDENT'S NAME (First,									2. DATE OF I	DA	W.	YEAR	3. TIME OF DEATH
	WALTER	I	3.		GIL	GILBERT Sr.				JULY 21, 1993			}	10:30A M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last birthd		R 1 YEAR	IF UNDER	9 24 HRS.	7. DATE OF E	интн .		8. BIRTH	PLACE (State or Foreign
- 2	215 09 519	2	1 🔯 M 2 🗆 F		YR	MONTHS	DAYS	HOURS	12-04-192			Country)		" MD
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	D. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA							
Œ	THE JOH	MC HUD	KINS HOS	DITAL		1	D.1. = 2.144 =							
일	RESIDENCE OF DEC	EDENT	K11/2 U02	PITAL	•		SALI	MURE	: (11	Υ		BAL	TIMO	RE CITY
DIRECTOR	10a. STATE	10b. COUNT	Y		10c.	CITY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
5	MD		Cecil				Dom	+ Do						LIMITS?
	10e. STREET AND NUMBER		Occii					. ZIP COD	posi	ι		2011		1 TYES 2 X NO
Æ	90 Dla-	D. I	D 1				1.00					10g. CIT		THAT COUNTRY?
FUNERAL	20 Blue	Bira							1904				USA	A
5	11. MARITAL STATUS 1 Never Married 2	Mambad	12. WAS DECEDEN FORCES? 1	T EVER IN		13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (S	pecify Yea	or No-	14. RACE Black	- American Indian, White, alc.
ВУ	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DAT	ES	ĺ			Specify		, 510.,		Specifi	has a
			1942 -											White
TED	15. DEC (Specify only	EDENT'S EDU	CATION completed)		16a, DECEDEN (Give kind	of work done	during mo	DN ast of working	na	16b. KIN	D OF BUS	INESS/INC	DUSTRY	
W	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		T use retired.,								
A P	9				Sai	ety N	lan			Ch	emic	al M	anuf	acturing
COMPLET	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOT	HER'S NAI	ME (First, Middle	e, Maiden	Surname)		
BE	Geor	ge V.	Gilbert						Gla	adys N	loore	2		
	19a. INFORMANT'S NAME (7)				19b. MAJL	ING AODRES	S (Street a	nd Number	r or Rural F	Toute Number, C	ity or Town	n, State, Zip	Code)	
2	Mrs. Mildre	d A.	Gilbert											21904
1	20a, METHOD OF DISPOSITI	ION		20h F	PLACE AND DA				oau,	OATE	Deb	OSIL,	City or Toy	21904
- 1	1 X Buriel 2 Cremation 4 Donation 5 Other		oval from State	cemet	tery, cremetory	or other place)	ine oi		T /OA	200. 200	CATION —	City or 104	race. MD
	21. SIGNATURE OF FUNERAL		ENSEE	- A	inger i	1111 C	emet	ery	SS OF FAC	7/24	Har	vre	de G	race, MD
	1 > 4	- 0202 2.0		1		Ĭ,	litch	ell-S	mith	Fune	ral l	Home	. P.	A
	- Luce	Qui.	X.X.	~~~		l F	lavr	e de	Gra				8-319	
	23. PART I. Enter the di	seeses, or o	omplications tha	t caused	tha death. D	o not anta	r the mo	da of dy	ing, suct	es cardiac		retory er	rest	Approximate
	anock, or na	aert tallure.	List only ona csu	ise on asc	ch line.						or raupi	atory an	out,	interval Between
	iMMEDIATE CAUSE (Fin disease or condition	ial												Onset and Death
	resulting in death)	→	· pre	umo	nia									1~2 wx
			DUE TO	(OR AS A	CONSEQUENC	OF):								
S	Sequentielly list conditi	ons.	h 16	nai	taile	ire								~ dwks
CERTIFICATION	if any, leading to immed cause. Enter UNDERLYI	diate	DUE TO	(OR AS A C	CONSEQUENCE	OF):								
3	CAUSE (Disease or Inju		C											
μĦ	that initiated events resulting in daeth) LAS		OUE TO	(OR AS A C	CONSEQUENCE	OF):								
8	resulting in daethy EAS		d											
	PART II. Other significe	nt condition	s contributing to	death but	t not meultle	a in the u	ndedula		elson in i	Boot I I as				
EDICAL	CVA	- Condition	onthibuting to	Geeth Du	t not resulti	y in the u	nderiyin	g cause i	given in	PBIT 1. 24a	PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	CVA)								15	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
M	GT BU	ed												1 TES 2 NO
										_				
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATH (Che	ock only one)				
S	1 YES 2 NO		HOSPITAL:	ER/Outpat	tient 3 🗆 DO	OTHE		a 5 □ Da	aldence	a Other (Sp	acitic)			
÷∥	27 MANNER OF DEATH		28e. DATE OF	INJURY		TIME OF	28c. INJ		I I I I I I I I I I I I I I I I I I I	2ad. DESCRIE		LIURY OC	CURED	
9		Pending	(Month, D	ay, Year)		INJURY M		RK7	¬ NO				OUTLE	
B	2 - 2000	Investigation	26e, PLACE O	F INJURY -	Al home, fan	n street for	_		110	201 1 004710	M (On			
8		Could not be detarmined	building,	etc. (Specif)	y)	it, actiont, lac	iory, orne		- 1	281. LOCATIO City or To	wn, State)	na Number	or Hurai Ho	oute Number,
<u> </u>												_		
릴	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the beat of	my knowled	dge, death occ	urred at the	time, data	and place	, and due	to the cause(a	and man	ner as stat	led,	
COMPLETED	one) 2 MEDI	CAL EXAMINE	R: On the besis of a	xamination	and/or Investig	ition, in my	opinion, d	eath occur	red at the	time, data and	place, and	d due lo th	ne cause(s)	and manner as stated,
E C	296. SIGNATURE AND TITLE	OF CERTIFIER	1					29c, LICI	ENSE NUM	INFR	Т	29d DAT	E SIGNED	(Month, Day, Year)
00	400,	× 0	1	1				/	911	a		D **	2/2/	10.0
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SPATE DEAT	H (ITEM 27) (1	ena Deinst	771.0	7711	100	/ K7 :	11011	7	1211	73
	Floring	-	. 6	C	^	. 4		JHH	100		Noll	277		MO 21287
	- iun rue	Iser	1 0.00)).		iden	1 7	ナ ·	1 dt.	308	D	Uni	none	LIN GIADA
1	31. DATE FILED (Month, Day,	roar)	32. REGISTRA	R'S SIGNAT	URE									
	1111 0 0	03	10. K	24.	70,									

FOR	
- STATE REGISTRA	R

		1 - STATE REGISTRAR	SIAIE OF MANTE		ICATE OF		MENIAL HYGIEN REG. NO	_	
		1. DECEDENT'S NAME (First, Middle, Last)	11 ,57 13		A . 4		2. DATE OF DEATH	MV V	3. TIME OF DEATN
		GUY	KELL		ALL		JULY	25	93 259pm m
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	_	BIRTHPLACE (State or Foreign Country)
· ·		579-14-8535 9a. FACILITY NAME (If not inatitution, give st	7-	13 YRS.					VA
3 shc	E I	11		HOSPITAL		OR LOCATION OF D		. /	Y OF DEATN
1200	DIRECTOR	RESIDENCE OF DECEDENT		TUSPITAL	HHU	rece	GRACE	15	ARFORD
(個學)	뿚	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d, INSIDE CITY LIMITS?
		10e. STREET AND NUMBER	ARFORD		BERDE				1 YES 2 NO
ansit per	FUNERAL	24 Pritchard	Avenu		TCI.	2100 2100	1	1	N OF WHAT COUNTRY? USA
020 physician. burial-transit	F	11. MARITAL STATUS 1 Never Married AM Married	12. WAS DECEDENT EVER II FORCES? 1 X YES	2 NO	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	a or No— 14	I. RACE — American Indian, Black, White, atc.
the by	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D. WW II	MATES		3 2 X NO Specif		i	Specify: White
1215-0020 r attending physic use as the burial	ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUS	
212 alor a for us	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v life. Do NOT us	work done during mo se retired.)	st of working			
AND the hospit detached	MP	7		W	elder		Constr	uction	·
YLAN by the hos be detach		17. FATNER'S NAME (First, Middle, Last)	TT ~ 11				AME (First, Middle, Maiden		
MARYLAND retained by the hospit 5 should be detached		Herman 190. INFORMANT'S NAME (Type/Print)	Hall	405 MAII INC	1300500 (0)		ria Gullion		
MAR retained 5 should		Mrs. Mildred M.	Hall				Ant C-1 A		een, MD 21001
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician, by the funeral director, page 5 should be detached for use as the burial-trannoval.		20a. METHOD OF DISPOSITION	206	b. PLACE AND DATE O					y or Town, State
ALTIMOR death. Page 6 may funeral director, p		1 Burial 2 X Cremation 3 Remo		metery crematory or of	ther place)		c 7/29 We		
ALTIN death. Pag tuneral du		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AN	NO ADDRESS OF FA	CILITY		
BAL er death the fune val.		Lillo.	XX	T		e de Gra	h Funeral	Home, 21078-	
B. nours after d in by the or removal		23. PART I. Enter the diseases, or construction of beart fellure.	omplications that cause	d tha death. Do n	ot antar tha mo	da of dying, suc	h as cardiec or respi	Iratory arrea	t, Approximate
		IMMEDIATE CAUSE (Final	List only one ceuse on e	ech line.	. 1	0		n	Interval Between Onset and Death
		disease or condition resulting in death)	antimas	ullus	tela	uacous	niular.	Luce	44
P 0 0 0 0			DUE TO (OR AS A	A CONSEQUENCE OF	7:				
Secure and and pure	NO.	Sequentially list conditions,	DUE TO (OR AS /	A CONSEQUENCE OF	n.				
O be be be brion	CAT	If any, leading to immediate cause. Enter UNDERLYING			,.				
certificate ding physione property other t	RTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF	7):				
Figure 19	I III II	resulting in death) LAST	d						
CROS, P that the death ed by the after th and Mental is any Injury, o		PART II. Other significant conditions	s contributing to death t	out not resulting I	n the undariying	g cause given in			24b, WERE AUTOPSY FINDINGS
W = 30 =		abdamena	e autice	anny	em		PERFOR	RMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE
w requires that been signed pt. of Health a								Je no	DF DEATH?
AL RI e law rec has beer Dept. of							_		7
F VITAL SICIAN: The lav certificate has the State Dept or item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28, PL	LACE OF OEATH (Ch	eck only one)		
PHYSICIAN: The this certificate hi with the State Drived, or item	1 >- II	1 YES 2 NO 27. MANNER OF DEATH	1 - Inpetient 2 ER/Outp	patient 3 DOA	4 Nursing Nom		8 Other (Specify)		
〇 美語華	F	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY WO	PRK?	28d. DESCRIBE HOW II	NJURY OCCUP	RED
ION NDING F I: After r death	ВУ	2 Accident Investigation 3 Suicide S Could not be	28a. PLACE OF INJURY	/ — Al home, farm, s			28f. LOCATION (Street a	and Number or	Rural Route Number
ISI TTEN TOR: after	ETED	4 Nomicide detarmined	building, etc. (Spec	cify)			City or Town, State)		Pural Poute Number,
			CIAN: To the best of my know						
HOSPITAL FUNERAL Within 72	COMPL	2 LY MEDICAL EXAMINER	3: On the basis of examination	n and/or investigation	n, in my opinion, d	eath occured at the	time, date and piaca, an	d due to the c	ause(a) and manner as stated.
물 물을 등	BE (296. SIGNAPUSE AND TITLE OF CERTIFIES	· 1 Lough M	ch Cfen	yerer	294, LICENSE NUN	ABEN	29H. DATE S	IGNED (Month, Day, Year)
223	2	30. NAME AND ADDRESS OF PERSON WHO	GU MD	Harfael (1.	DO 119	9	* Jul	425,1993
		RICHARD J.V.	OLFER M	D	20/3	Traffy	Hurch Ch	g nd	2103/
		31. DATE FILED (Month, Day, Year) JUL 28'93	Julia Davidson	- Mandall					

	FOR
1	STATE
	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		OIAIL OI I	MAITI LAITO	CERTIF	CATE OF	F DEATH	MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF DEATH		10.70	3. TIME OF DEATH
Wi	11/0/1		Robert		Hall		July 25,	1993	YEAR	11:50P M
4. SOCIAL SECURITY NUME 214-20-6435		5. SEX	6. AGE (in yrs. 67	last birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHI Country	
9e. FACILITY NAME (If not in			07	THS.	Ab CITY YOUR	OR LOCATION OF DE	Aug 31,	1925	NTY OF DE	VA
834 Stepne	ey Ros	23 117472				erdeen		se. cou	Har	
10a. STATE	10b. COUNTY	1		10c. CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY
MD 10e. STREET AND NUMBER		larford				berdeen		T 40- 0171		LIMITS? 1 YES 2 NO HAT COUNTRY?
834 Stepi	ney Ro					21001		log. Citi	US	
11. MARITAL STATUS 1 Never Married 2 🔀		IF YES, GIVE Y	YES 2 MAR OR DATES	ARMED NO	If yes, s	ECENDENT OF HISPAN specify Cuben, Maxica S 2 X NO Specify		e or No—	14. RACE Black, Specifi	— American Indien, White, etc.
3 Widowed 4 Divo	3019	1943 -								White
	EDENT'S EDUC y highest grade	completed)		(Give kind of w life. Do NOT us	USUAL OCCUPAT ork done during in pretired.)	TION nost of working	16b. KIND OF B	JSINESS/IND	DUSTRY	
GÉD		College (1-4 or 5	+)		ty Gua	rd	Н	ospita	ıl	
17. FATHER'S NAME (First, M Hamp	Hall						ME (First, Middle, Maide Mae Zelli			
19e. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADORESS (Street	and Number or Rural F	Route Number, City or To	wn, State, Zip	Code)	
Mrs. Marth		lall		834 8	Stepney	Road, A	berdeen,	MD	210	001
20a. METNOD OF DISPOSITI 1 1 Burlel 2 Cremation 4 Donation 6 Other	n 3 🗆 Remo	oval from State	20b. PLAC cametary,	crematory or of	FDISPOSITION (I	Gardens	7/30 Be	OCATION —	City or Tow	errland
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE)	1411 101	22. NAME	AND ADDRESS OF FAC	CILITY			-
► Wig	00.	\vee	/		Mitc	hell-Smit	h Funeral	Hom	e, P	.A.
		7	~~	AT .	Hav	re de Gr	ace, MD	2107	78-31	97
23. PART I. Entar the di shock, or he	iseases, or o	complications the	et caused the	death. Do n	Hav	re de Gr	ace, MD	2107	78-31	97 Approximata
IMMEDIATE CAUSE (Fin	eart failure.	List only one cau	use on each ii	na.	Hav	re de Gr	ace, MD	2107 Diretory srr	78-31 rest,	Approximata interval Between
snock, or no	eart failure.	List only one cau	use on each ii	na.	Hav	re de Gr	ace, MD	2107 Diretory srr	78-31 rest,	Approximata interval Between
IMMEDIATE CAUSE (Findisease or condition resulting in death)	nel	List only one cau	use on each ii	na.	Hav	re de Gr	ace, MD	2107 Diretory srr	78-31 rest,	Approximata interval Between
IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition from the condition resulting in death)	diona,	a. Resident only one cau	use on each ii	etry sequence of	Hav	re de Gr	ace, MD	2107 Diretory srr	78-31 rest,	97 Approximata interval Between
IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if sny, leading to immediate cause. Enter UNDERLYI CAUSE (Disease or injury)	diona, diete	a. Sma Due To	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS	sequence of the sequence of th	Hav ot enter tha m - Can it was Sq	re de Gr	ace, MD	2107 Diretory srr	78-31 rest,	Approximata interval Between
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if sny, leading to immediate. Enter UNDERLYI	iona, diete	a. Sma Due To	SPITE (OR AS A CONS LL CL	sequence of a sequence of the sequence of	Hav ot enter tha m - Can it was Sq	re de Gr	ace, MD	2107 Diretory srr	78-31 rest,	Approximata interval Between
IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition from the condition of the conditi	iona, diate	a. Per one cau oue to Sma Due to Ca Due to	PSPITO (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE OF	Hav Can Can Can Can Can Can	re de Gr	ace, MD has cardisc or real failure cell Co	2107 Diretory srr	78-31 rest,	Approximata interval Between
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if sny, leading to immecause. Enter UNDERLY! CAUSE (Disease or Injuthet initiated events	iona, diate	a. Per one cau oue to Sma Due to Ca Due to	PSPITO (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE OF	Hav Can Can Can Can Can Can	re de Gr	ace, MD has cardisc or rea fai unl cell Co	2107 Diratory srr	78-31 rest,	Approximata interval Between Onsel and Death
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, 16ar)
AUG 06 1993

ANE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

wis tenden forder

32. BEGISTRAR'S SIGNATURE

	ITEM: 14. P	ER MOTH	ER FILM G-	721 3/7/99	5 t.t							03	22	3152	
	FOR STATE REGISTRAR		STATE OF M	MARYLAND /	DEPAR					MENTA	L HYGIEI	NE	2	1132	
	1. DECEDENT'S NAME (First, BAB		ВОҮ	-	EATH					2. DATE	OF DEATH	6 ,199	3VEAR	3. TIME OF DEA	P,
	4. SOCIAL SECURITY NUMB	ER	5. SEX 1 X M 2 \square F	8. AGE (In yrs. la:	st birthday) YRS.	IF UNDI	DAYS	HOURS	H 24 HRS.	7. DATE (Mont)	OF BIRTH Day, Year) 26/	93	Country	PLACE (State or F	Foreign
OR		S HOPK	treet and number)	ITAL				MORE		EATH		9c. COU	NTY OF DI	EATH	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Y		10c, CIT	Y. TOWN	OR LOCA	TION				1		10d. INSIDE CIT	
	Maryland	Balti	more Cit	У			ore							LIMITS?	
ERAL	100. STREET AND NUMBER 1145 Nantic	oke S	Street				10	1. ZIP COD 2123					S.A.	NAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 VI	RMED	13	If yes, sp	CENDENT (pecify Cube 3 2 (X NO	nn, Maxica	in, Puerto I	? (Specify Yellow)	ne or No-	14. RACE Black Specifi	- American Ind , White, atc. y: B 13 C K	Han,
COMPLETED		EDENT'S EDU highest grade		(G	ECEDENT'S Give kind of Do NOT us	work done	during me		ng	16b.	KIND OF BU	JSINESS/INI			
BE COM	17. FATNER'S NAME (Flist, Mi Kenneth	Toa	ıd						NER'S NA		Maide, Maide				
10	Christine		1								more,			30	
	20a. METHOD OF DISPOSITE 1 Durial 2 Cremation 4 Donation 5 X Other	n 3 🗆 Rem (Specify)		20b. PLACE of cemetery, cre				ame of		DATE	20c. L	OCATION -	City or Tov	wn, Stata	
	21. SIGNATURE OF FUNERAL THE JOH		ENSEE PKINS HOS	PITAL				N. WO			Balt	imore	e, Md	. 2128	 37
	23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Findiseese or condition resulting in deeth)	ert fallure.	EXTR	EME	Per	= nu				h aa card	lec or res	Diratory and	rest,	Approxim Interval B Onset and	Between
CERTIFICATION	Sequantially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST	liate NG Ty	bDUE TO	(OR AS A CONSEC	OUENCE O	F):									
PHYSICIAN: MEDICAL	PART II. Other significes	nt condition	s contributing to	death but not r	resulting	In the u	nderlyin	g ceuse	given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?		WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATN?	CAUSE
AN	25. WAS CASE REFERRED TO	MEDICAL					26, PI	ACE OF 0	EATH (Chi	eck only on	0)				
SIC	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:			8 Other					
ВУ РН		Pending	26a. DATE OF (Month, pa		28b. TIM INJ	E OF URY M	28c. #NJ W0	PIK?	NO NO	28d. DE\$	CRIBE HOW	INJURY OC	CUREO		
	3 Suicide 6 C	Could not be letermined	26e. PLACE Of building,	F INJURY — At ho atc. (Specify)	me, ferm, e	stroot, lac	tory, offic	•		28f. LOCA City of	ATION (Street or Town, State	and Number	or Rural Ro	oute Number,	
COMPLETED			CIAN: To the best of R: On the bests of ax											and manner as a	nteted.
H	29b. SIGNATURE AND TITLE			rue,	0			29c. LICE	ENSE NUM	4BER		29d. OAT		(Month, Day, Year)	
유	30. NAME AND ACORESS OF	PERSON WHO	COMPLETED CAUS	F OF DEATH ATE	M 27) (Tors	Deint)			-					112	

21287

MD

BALTIMORE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If I fem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFI	CATE C	F DEATH		REG. NO.				
- 5	1. DECEDENT'S NAME (First, Middle, Last)	TO TININ	. Timir		шолг		2. DATE (OF DEATH DA	lv .	YEAR	3. TIME OF DEA	тн ,
	DAVID	KENN			HOFF	MAN JR.	0.7	2		93	1:25	P.M
	4. SOCIAL SECURITY NUMBER 213-88-8524	1 💢 M 2 🗆 F	AGE (In yrs. lest i		IF UNDER 1 YE MONTHS DA		7. DATE Of (Month, Decen	per 1	, 63	Countr	PLACE (State or F	Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give s HOJO MOTEL	street and number)			9ь. СІТУ, ТОГ WALDO	VN OR LOCATION OF D RF			9c. COU	NTY OF D		TY
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c. CITY	TOWN OR LO	CATION					10d. INSIDE CIT	=
PH	Maryland Char	les				Plains					LIMITS?	
	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?	, 110
FUNERAL	P.O.Box 513					20695			Unit	ted :	States	
BY FU	11. MARITAL STATUS 1 X Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2XXNO		If yes	DECENDENT OF HISPAI , specify Cuban, Maxico YES 2 X NO Specif	en, Puerto Ri	(Specify Yes ican, etc.)	or No-	14. RACE Black Speci Wh1	— American Ind k, White, atc. fly:	len,
G	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECI	EDENT'S L	JSUAL OCCUP	ATION	16b.	KIND OF BUS	INESS/IND		-	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	1 2			most of working						- 1
M M	12 17. FATHER'S NAME (First, Middle, Lust)		Ste	eamfi	tter			nion L		#60	2	
	David Kenneth Hof	fman Sn				18. MOTHER'S NA			,			
8	19a. INFORMANT'S NAME (Type/Print)	Tillati, St.	19b.	MAILING	ADDRESS (Str	et and Number or Rural		O'Con		Code		
2	Albert N. Hoffman					th Drive,					nia 2216	₅₂
	20a, METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 Ram		20h PLACE AN	DOATEO	E DISPOSITIO	(Neme of	DATE	200 100	CATION	Olty or To	our Ctata	
	4 Donation / Other (Specify)		Trinit	y Me	moria	Gardens	7-27-	93 W	aldor	of, r	maryland	1
	D 400-	rop Dun	00053		The	E AND ADDRESS OF FA Huntt Fun Box 156 W	eral	Home,	Inc.			
	23. PART I. Enter the diseases, or	complications that car	used the dest	th. Do no	ot enter the	mode of dying, suc	th as cardi	ac or reepin	ry lar	na Zu	J6U4 Approxim	ata
	IMMEDIATE CAUSE (Finel	List only one cause of	on each line.					•	•	,	Onset an	etween
	resulting in death)	e. CONTHO	AS A CONSEQU	JENCE OF	:	VD OF CA	021				-	
N	Sequentially list conditions,	b										
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEOU	JENCE OF)	i:							
CERTIFICATION	CAUSE (Disease or Injury that initiated events	cDUE TO (OR .	AS A CONSEQU	JENCE OF)	;							
F	resulting in death) LAST	d										- 1
2	PART II. Other significant condition	e contributing to deal	th but not res	suiting in	the under	vina cause alven in	Part I	24a. WAS AN	ALITOREY	Las	WERE AUTOROX E	
DICAL				- uning in	tile dilecti	ing cause given in		PERFOR	MED?	240.	WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF	TO
<u>a</u>							-	1 YES 2	□ NO		OF DEATH?	
ä							-				TILY TES 2	"
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				. PLACE OF DEATH (Ch	eck only one)				
IXSI	1XXES 2 □ NO 27. MANNER OF DEATH	1 Inpetient 2 ER/		DOA		fome 5 - Residence			MOTE			
BY PHYSICIAN: ME	1 Natural 5 Pending	EOUTH Pay, 16	er)	28b, TIME INJU	RY	INJURY AT WORK? YES 2 X NO		RIBE HOW IN	LICT		SHOT G	ITINI
- 1	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJ	993 []	12:5			SELI 281, LOCAL	TION (Street as				OUN
COMPLETED	4 Homicide determined	building, etc. (Specify)		TEL I		City or	MOT			ALDORF	
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my k								nd.		
NO.	one) 2 MEDICAL EXAMINE	R: On the basis of examin	ation and/or inv	matigation	, in my opinio	n, death occured at the	time, data a	ind place, and	dua to the	s cause(s)) and manner aa s	stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	3 1 1	4.4			29c. LICENSE NUM			29d. DATE	SIGNED	(Month, Day, Year)	-
TO B	Wonald &	Wright	WD			O.C.M.	. E .		> 7	-24	-1993	
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF				reet, Ba	altin	nore.	Mar	cvla	and 21	201
H	31. DATE FILED (Month, Day, Abar) 93											
	JUL 29 93	32. REGISTRAR'S	lavidson-i	gande	BZ.							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in the funeral director, page 5 should be detached for use as the buriar in the filled within 72 hours after death with the State Dept. of Health and Merital Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event. the medical eventions make the accordance of the control

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAF ERTIF	RTMEN	T OF H E OF	EALTH DEA	AND I	MENTAL	HYGIEN REG. NO.	E	3 2	3154
	1. DECEDENT'S NAME (First, Middle, Last) John J. Heni	alraman							2. DATE O	F DEATH	W 40	XSAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	of hirthday)	E IMPE	R 1 YEAR	IF UNDER	04 (200	7. DATE O			93°	4:45 P M
	214-07-4812	1 🔀 M 2 🗆 F	86	YRS.	MONTHS	DAYS	HOURS	MWN.	Mar.	26,1	907	Country	PLACE (State or Foreign
	9e. FACILITY NAME (If not Institution, give s	treet and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE			9c. COUN		
OR	Goodwill Mennonii	e Home			Gr	ants	ville	e, Mo	d.		Garr	ett	Co.
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	1		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	Md. Garn	cett Co.		G:	rant	svil	le						LIMITS? 1 YES 2 KNO
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD						HAT COUNTRY?
Ä	P. O. Box 310							536				SA	
BY FU	1 Nover Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. AR YES 2 1 WAR OR DATES	MED NO	13.	If yes, sp		ın, Mexica	n, Puerto Ri	(Specify Yes	or No—		- American Indian, White, etc. White
B	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON of worth		16b.	KIND OF BUS	SINESS/INDU	JSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+}	we kind of the NOT use Elect			St OF WORK	~		Manaf	a a b a a	i	
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)			mrec	ULLU.	7011	40 1407	METRIC MA		Manuf		Tug.	
	John Henicks	nan					16. IIIO11			ine P			
TO BE	194. INFORMANT'S NAME (Type/Print) Regina Trevorrow		19	203]	Fore	s (Street a	nd Number	or Rural R	Poute Numbe	d, Md	n, State, Zip	Code) 02	
	20a. METHOD OF DISPOSITION 1-15 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE Semetery, co	AND DATE	OF DISPO	SITION (No	me of	ne.	7-22-	20c. LO	cation - c	ale.	rn, State
279	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Pa. 11:	249	22	NAME AN	D ADDRE	SS OF FA	rice	Funer sdale	al Ho	me.	Tnc.
atom, me moure	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cau	t caused the desire on each line article (OR AS A CONSECTION OF AS A) <u>.</u>						ac or respi	ratory arre	est,	Approximate Interval Between Onset and Death
ERTIFICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	(OR AS A CONSEC			eny		Sea					
WEDICAL C	PART II. Other significant condition Abdomin	e contributing to				nderlying	cause (given In		24a, WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1400===					ACE OF D	EATH (Che	eck only one,				
PHYSICIAN:	1 TES 2 NO	HOSPITAL:	ER/Outputlent 3	□ DOA	OTHE 4 - Nu		e 5 □ Re	reldence	6 🗆 Other	(Specify)			
BY PH	27. MANNER OF DEATH 1 S Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	INJURY ay, Year)	28b, TIM IN,	IE OF JURY M		URY AT RK? YES 2	. NO	28d. DE\$C	RIBE HOW I	NJURY OCC	URED	
2 0	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	me, ferm,	street, fac	tory, office			28f. LOCAT	TION (Street e Town, State)	and Number o	or Rural Ro	oute Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI												and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICI	ENSE NUN	ABER .		29d. DATE	SIGNED (Month, Day, Year)
10 B	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CALL	RE OF BEATH ATE	M 270 /5	D-(-e)		2=	2121	+4		> 7	1/20	193

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Frostburg, Md

21532

Frostburg Plaza
31. DATE FILED (Month, One, Aber)
JUL 23 1993

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burlal, cremation, or removal.	mel
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF H	EALTH AND N	MENTAL HYGIEN REG. NO.		23155
	1. DECEDENT'S NAME (First, Middle, Last) Nellie Llewell	a Harrison	1			July 25,	**1993**	3. TIME OF DEATH 7:30 P. M
	4. SOCIAL SECURITY NUMBER 577-01-3136	1 □ M 2XXF		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-5-191	8, 8	NRTHPLACE (State or Foreign Journty) Lrginia
TOR	99. FACILITY NAME (If not institution, give s Residence-1052 RESIDENCE OF DECEDENT				rksburg	ATH	Frede	
DIRECTOR	10e. STATE 10b. COUNTY	erick		rksbu				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10521 Rolling				20871			OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	B 2X NO	If yes, spi	ENDENT OF HISPAN scify Cuben, Mexicar 2 NO Specify	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	7	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Switch	k done during mo retired.)	st of working	16b, KIND OF BUS		RY
	17. FATHER'S NAME (First, Middle, Lest) Unknown		Jowiech .	ba. Op	18. MOTHER'S NAI	Resort		
TO BE	19e. INFORMANT'S NAME (Type/Print)					10WN loute Number, City or Tow	n, State, Zip Code	0)
	C.W. Sadtler 20e. METHOD OF DISPOSITION 1 Buriel 2XXX remetion 3 Reme	pval from State ce	Db. PLACE AND DATE OF I	r place)		OATE 20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC Excet a. A.	ENSEE	agorstow	Leasu	re-Stei	Hag n, Inc. 2 Id. 21502	230 Ba	wn, Maryland ltimore Av.
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on CARDIO DUE TO (OR AS	aach iina.	entar tha mo	da of dying, auch	as cardiac or reepi	ratory arreat,	Approximata interval Batween Onset and Death
CERTIFICATION		DUE TO (OR AS CHRONIC					ISEAS	5
PHYSICIAN: MEDICAL (PART II. Other algnificant condition	a contributing to deeth	but not resulting in	the underlying	, ceuse given in I	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Instinct 3 7 DOA 4	THER:	ACE OF GEATN (Che			
	27. MANNER OF DEATN 1 Watural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c, INJI	JRY AT	28d. OEŞCRIBE NOW II	NJURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJUR building, etc. (Sp.	IY — At home, ferm, stre			28f. LOCATION (Street e City or Town, State)	and Number or Ru	ural Route Number,
COMPLETED		CIAN: To the best of my known						use(s) and menner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER .	29d, DATE SIO	NED (Month, Day, Year)
오	30. NAME AND ADDRESS OF PERSON WHO	/ A	EATN (ITEM 27) (Type, Pri	TOLL	HOUSE	AVE,	FRED.	ERICK MD
	31. DATE FILEO (Mooth, Day, Pack 199)	32. REPUSTRAR'S SIG	NATURE					

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medical

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event.

traumatic

other 1

0 Injury,

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

prior to

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director,

the funeral filled in by completely filled rial, cremation, o DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and com o burial, signed by the attending physician Health and Mental Hygiene prior to e Dept. of Health and m 23 shows any in THE FUNERAL DIRECTOR: After this certificate has THE FUNERAL DIRECTOR: After this certificate bas filled within 72 hours after death with the State Or filed within 72 hours after death with the State Or TO THE HOSPITAL TO THE FUNERAL C DE filed within 72 h

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN ^{DAY} 20, ARTHUR VINCENT HAST 1993 12:45 JULY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER I YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 TM 2 | F 220 16 6204 7-25-1915 West Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Allegany Cumberland TY TYPES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1009 Frederick Street 21502 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X XYES 2 \sum NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puarto Rican, etc.)
 Original Specify: RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married ВY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade Elementary/Secondary (0-12) 12 College (1-4 or 5+) Postal Worker U.S. Government 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Philip A. Hast Elizabeth A. Gerdeman BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Angela Hast 1009 Frederick St. Cumberland, Md. 21502 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1) Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Cumberland, Md/21502 Sunset Mem. Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leasure-Stein, Inc. 230 Baltimore Av ma Cumberland, Md. 21502 23. PART i. Enter the disesses, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ arcinon resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or Injury that initiated events QUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

►7-20-

1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Linpatient 2 ER/Outpatient 3 DOA OTHER: ne 5 🗆 Residence 8 🗆 Other (Specify) 28e. OATE OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 5 Pending Investigation м 1 YES 2 NO

CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and menner es stated.

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

296 SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

	//-	11/1	1	733	00	el	111	
30. NAM	E AND AODRE	SS OF PERSON	WHO	COMPLETED	CAUSE O	F DEATN	(ITEM 27) (Type	Prin

DR. VICTOR E. MAZZOCCO, M.D., BMG, 912 SETON DRIVE, CUMBERLAND, MD 21502

D07135

8 Could not be

determined

1 YES 2 NO

27. MANNER OF DEATH

1 Netural

2 Accident

4 Nomicide

3 Suicide

32 EGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burlat, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPARTM RTIFICA	ENT OF	HEALTH AND	MENTAL HYGIEN		3 23157
	1. DECEDENT'S NAME (First, Middle, Last) Katsue			H	ARDI	N	2. DATE OF DEATH	9 199	3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH
l l	4. SOCIAL SECURITY NUMBER 539-68-0075	1 🗆 M 2 🙀 F	AGE (In yrs. last	YRS. MON		IF UNDER 24 HRS. HOURS MIN.			BIRTHPLACE (State or Foreign Country) apan
стоя	98. FACILITY NAME (# not institution, give str PENINSULA REGIONA RESIDENCE OF DECEDENT		CENTER			SBURY	EATH	9c. COUNTY	OMT CO
L DIRECTOR	Maryland Wic	comico		10c. CITY, TO	lisbu	су			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	102 Justice Ave.	12. WAS OECEDENT 8	EVED IN 11 S ADA	450 T		2 180 1	NO 051000 75 111	Ja	of what country?
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	D	If yes, s	CENDEN, TOF HISPA Decify Cuben, Mexico 3 2 NO Specia	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:		RACE American Indian, Black, Whita, atc. Specify: apanese
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Giv	EDENT'S USUA to kind of work of Do NOT use retir egiste	lone during m ed.)	ost of working	166, KIND OF BU	SINESS/INDUST	
BE COM	17. FATHER'S NAME (First, Middle, Lest) unknown			051000			AME (First, Middle, Maiden		
TO B	19a. INFORMANT'S NAME (Type/Print) Charles Henry Hai	rdin IV					Route Number, City or Tow lisbury, MI		
	20a. METHOD OF DISPOSITION 1 2 Buriel 2 Cremation 3 Remor 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNE SERVICE LICE		cametery crem	nd DATE OF DIS natory or other pi shill M	_{ace)} lemory	Gardens	7/21 He	cation city bron, N	
	· andon	Sellor	way		501	Snow Hil	eral Home 1 Rd., Sal		
	23. PAST /. Enter the disease, or conshock, or heert failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplications that c lst only one cause	aused the dea on each line.	th. Do not e		ode of dying, suc	ch as cardiac or reep	retory arrest,	Approximate Interval Between Onset and Death
NO	Sequentially list conditions,	/	Hypor	who n		7250			
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	100	EX CONSEQUENCE AS A CONSEQUENCE OF THE PROPERTY OF THE PROPERT	essiv	e v	Diarri	hea		
CERT	resulting in deeth) LAST							·	
PHYSICIAN: MEDICAL	PART II. Other eignificent conditiona £nd-3	tase	Cenal Coul	euiting in the	lace Asia	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		HOSPITAL:	P/Output - a a f		HER:	LACE OF DEATH (Ch			
	27. MANNEB OF DEATH 1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,	JURY	26b. TIME OF	28c. IN.	IURY AT ORK? YES 2 NO	6 Other (Specify) 28d. OEŞCRIBE HOW I	NJURY OCCURE	žD
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF II building, etc	NJURY — At hom :. (Specify)	e, farm, street,	factory, offic	•	26f. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
COMPLET							to the cause(s) and mar time, data and place, an		use(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER SOLUTION 30. NAME AND ADDRESS OF PERSON WHO	S.	Ch	and		29c. LICENSE NUI		29d. DATE \$10	18/93

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The BLINEDAL HIGHMON After this partitions has been entered by the deather the practice of the property of the pro
be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						93	23158
	1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPARTI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
		SON HO			7 2	6 9	3 740 P "
	4.12 - 42 - 1463	LRM 2 □ F		FUNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-8-		BIRTHPLACE (State or Foreign Country) Tennessee
TOR	98. FACILITY NAME (II not institution, give s CHECKE LAUNU B RESIDENCE OF DECEDENT	ethuille Ho		aurel	DEATH		OF DEATH
DIRECTOR	10a. STATE 10b. COUNT	WARD		OWN OR LOCATION AVAGE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER S495	Savage Guil	ford Road	101. ZIP CODE 20763			N OF WHAT COUNTRY?
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxie	ANIC ORIGIN? (Specify Years, Puerto Bloom, etc.)		. RACE — American Indian, Block, White, atc.
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR E	MTES	1 TYES 2 NO Spec	thy:		Specify: White
COMPLETED	(Specify only highest grade	completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use n	UAL OCCUPATION colone during most of working ottred.)	16b. KIND OF BU	SINESS/INDUS	TRY
MPL	Grade 3		Truck Dri	iver	Campbel	.1 Sand	l & Gravel
OS	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden		
BE	19s. INFORMANT'S NAME (Type/Print)	(unkn		Betty			
2	Alberta Hutson		8495 Sa	oress (Street and Number or Aure			
	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	b. PLACE AND DATE OF E metery, cremetory or other MeadOWI1d2	place) e Memorial Par	DATE 20c. LO	CATION - CH	y or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS OF P Donaldson Fun	ACILITY		, and y and the
	23. PART I. Enter the diseases, or	complications that source	4 Ab - 4 - Ab - B A	313 Talbott A	ve. Laurel	, Mary	land 20707
	IMMEDIATE CAUSE (Finel	List only one ceuse on e	eech line.				Interval Between Onset and Death
NC	Sequentially list conditions,	b. ANTENOS	a consequence of):	CAMPIONASC	um Dis	FAJE	
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS /	A CONSEQUENCE OF):				
뜨		c					
F	that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF):				
ᄀ	that initiated events resulting in death) LAST	d					
ᄀ	that initiated events	d		he underlying ceuse given li	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
ᄀ	that initiated events resulting in death) LAST	d		he underlying ceuse given li		MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDICAL CI	that initiated events resulting in death) LAST PART II. Other eignificent condition	d		he underlying ceuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CI	PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. s contributing to deeth b	out not resulting in t	he underlying ceuse given in 28. PLACE OF DEATH (C	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CI	that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL	d	put not resulting in t	28. PLACE OF DEATH (C THER: □ Nursing Home 5 □ Rasidence	PERFOR 1 VES 2 heck only one) 8 Other (Specify)	M NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Senatural 5 Pending	d	put not resulting in t	28. PLACE OF DEATH (C	PERFOR 1 YES 2	M NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 N YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpetient 2 ER/Outs 28e. DATE OF INJURY 28e. PLACE OF INJURY 28e. PLACE OF INJURY	put not resulting in t	28. PLACE OF DEATH (C THER: Nursing Home 5 Rasidence F	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street a	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpetient 2 ER/Out	put not resulting in t	28. PLACE OF DEATH (C THER: Nursing Home 5 Rasidence F	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW I	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL C	PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY building, etc. (Specials)	petiant 3 DOA 4 28b. TIME 0 INJURY 7 — At home, farm, streechy)	28. PLACE OF DEATH (C THER: Nursing Home 5 Rasidence F	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL C	PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	d. HOSPITAL: 1 Inpatient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Special Section of the Design of examination of the Design of examination of the Design of examination of the Design of examination of the Design of examination of the Design of examination of the Design of examination of the Design of examination of the Design of examination of the Design of examination of the Design of examination of the Design of examination of the Design of the De	petiant 3 DOA 4 28b. TIME 0 INJURY 7 — At home, farm, streechy)	28. PLACE OF DEATH (C) THER: Nursing Home 5 Rasidence F	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street a City or Town, State) a to the cause(a) and mare a time, data and place, an	NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL C	PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 20. CERTIFIER (Check only one) 21. MEDICAL EXAMINE	HOSPITAL: 1 Inpetlent 2 ER/Outs 28a. DATE OF INJURY building, etc. (Spe- ICIAN: To the best of my know R: On the basis of examination	petiant 3 DOA 4 28b. TIME 0 INJURY 7 — At home, farm, streechy)	28. PLACE OF DEATH (CT) THER: Nurning Home 5 Residence F 28c. NJURY AT WORK? M 1 YES 2 NO pt, factory, office t the time, data and place, and due n my opinion, death occured at the	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street a City or Town, State) a to the cause(a) and mare a time, data and place, an	NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
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JULIUS

JONES

2. DATE OF DEATH MONTH 18

3. TIME OF DEATH

8:24

1993

DAY

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH		8. BIRTHPL	ACE (State or Foreign
OR	215-74-1286	1200 12.XM 2 LF 23 YRS.				MIN.	Oct. 17, 1969			Country) Maryland			
	PRINCE GEORGES HOSPITAL					96. CITY, TOWN OR LOCATION OF DEATH CHEVERLY				9c. COUNTY OF OEATH PRINCE GEORGES			
5	RESIDENCE OF DECEDENT	_											
FUNERAL DIRECTOR	Maryland 106. COUNTY		TV, TOWN OR LOCATION Prince Frederick						10d. INSIDE CITY LIMITS? 1 YES 2 NO		LIMITS?		
	100. STREET AND NUMBER 1519 Mason Road					101. ZIP CODE 20678					10g. CITIZEN OF WHAT COUNTRY? USA		
B≼	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Young the specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify:					s or No- 14. RACE — American Indian, Black, White, etc. Specity: Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) Cottege (1-4 or 5 +) 12 16e. OECEDENT'S (Give kind of life. Do NOT u					vork done during most of working e retired.)				Cap City			
BE COM	17. FATHER'S NAME (First, Middle, Last) Willie	Jone	s, Sr.		1.0	1001		udre	ME (First, M	ddle, Maiden	Sumeme)	rown	
TO B	19a. INFORMANT'S NAME (Type/Print) Louise Brown									k, City or Town lerick		Code) 20678	3
	20e. METHOD OF DISPOSITION 1 Competion Cemptory of other place Competion Cemptory of other place Cemptory of ot									MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY Sewell Funeral Home 1451 Dares Beach Rd. Prince Fred., MD20678							
I: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert fellure. List only ona ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. WUTTUS TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PERFORMED? 1 Tes 2 No OF									ERE AUTOPSY FINDINGS ANLABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO			
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
PHYSIC	XX YES 2 NO		ER/Outpatient 3		4 - Nun	sing Hom		sidence	8 🗆 Other				
표	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, E	Pay, Year)		URY	28c, INJI WO	RK?		28d. DEŞC	RIBE HOW IN	JURY OCC	CURED	
B⊀	2 Accident Investigation 07-17-1993 11:35AM 1 YES 2X NO DRIVER IN AUTO/AUTO IMPAC												
ETE	4 Homicide determined ROADWAY MD RTE#765 PRINCE FREDERIC												
COMPLETED	29c. CERTIFIER (Check only one) 22 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
TO BE C	29c. LICENSE NUMBER O. C. M. E 29d. OATE SIGNED (Month, Day, Year) ▶07 − 19 − 1993												
	30. NAME AND ADPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) YOUNG A. IORGUM 111 Penn Street, Baltimore, Maryland 21201												
	31. DATE FILED (Month, Day, Your)		AR'S SIGNATURE	2									

3. TIME OF DEATH

Am

DHMH-16 Rev 1/89

HARLES

CHARLES J. JACKSON

ACKSON

YEAR

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2. DATE OF DEATH

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A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) SEPT 29 1953 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign MONTHS DAYS 39 HOURS 1 (XX 2 | F MARYLAND YRS. 220-56-1268 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ANNE ARUNDEL ANNAPOLIS MARYLAND 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21401 U.S.A. 70 CLAY STREET 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES Never Married 2 Married 1 YES 2 XXO Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) CITY OF ANNAPOLIS 12th TRUCK DRIVER PUBLIC WORKS DEPT. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) VIVIAN OWENS 75 TRAFFORD JACKSON BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LILLIAN BROWN 1802 COPELAND STREET APT. G. ANNAPOLIS, MD. 21401 pe 20a. METHOD OF DISPOSITION
1 Burlal 2 X Kremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must METRO CREMATORY 7-27-93 4 □ Donation 5 □ Other (Specify) BALTIMORE, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw 6 IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition this certificate has been signed by the attending physician and completely in with the State Dept. of Health and Mental Hygiene prior to burial, crematic resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) 1 DU ✓ CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (DR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL mochon 1 YES 2 NO OF DEATH? colonia iado Keresis 3 1 YES 2 NO INDA. - PSyden PHYSICIAN: 23 25. WAS CASE REFERRED 26. PLACE OF DEATH (Check only one) PHYSICIAN: The Item EXAMINER? 1 YES 2 NO HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) P 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, 1 Natural
2 Accident 1 YES 2 NO DIRECTOR: After the hours after death tem 28 is mark BY death HOSPITAL OR ATTENDING 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE BIED WITHIN 72 he IMPORTANT: If IN MEDICAL EXAMINER: O occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE ON CERTIFIER BE 2 ATH (ITEM 27) (Type. OD? 401 BEGISTBAR'S SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE BEGISTBAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	CATE	F DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last) ONE SM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III		ones		2. DATE OF DEATH MONTH JULY JULY	DATE OF DEATH MONTH July 29 9 393				
DIRECTOR	220-03-5693 10 M2 SEF 8	3-5693 1□M2NF 85 VRS.				07				
	9a. FACILITY NAME (If not institution, give street end number) PORCUESTER GENERAL NOSP RESIDENCE OF DECEDENT		NOR LOCATION OF D			DORCUESTER				
買	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY			
L DIF	MARY AND 100. STREET AND NUMBER		CRAPO	10f. ZIP CODE		1	LIMITS?			
BY FUNERAL	2471 ANDREWS ROAD			216			US			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA'	2 X NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 X NO Specify: Specify: Whi							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF E	USINESS/IND	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		Glove kind of work done during most of working the Do NOT use retired.) Homemaker							
O	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maid	on Sumame)				
	John Moore			Ida	Wroten	or ourname)				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street		Route Number, City or 1	avn State Zin	Code)			
2	Nettie Powley				h Rd Cra					
	20a, METHOD OF DISPOSITION 20b.	PLACE AND DATE	F DISPOSITION	(Neme of			City or Town, State			
	W_NBuriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	or . Me	her plece).	Park			dge, Md.			
	21. SIGNATURE OF PLINERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FACILITY							
	· And form		Caml	Locust oridge,	Md. 2163	. 3				
	23. PART I I the diseases, or complications that caused shock, or heart fallure. List only one cause on complete the complete on the cause of the ca	the death. Do n	ot enter the i	moda of dying, suc	h ea cerdiac or res	piratory err	rest, Approximata			
	IMMEDIATE CAUSE (Final Metastatic Pancreatic Cancer Onset and Death									
	23. PART I fenter the diseases, or complications that coused the death. Do not enter the moda of dying, such ea cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Metastatic Pancreatic Cancer Onset and Death disease or condition resulting in death) Due To (or as a consequence of:									
	DUE TO (OR AS A CONSEQUENCE OF):									
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
E	If any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A C	CONSEQUENCE OF):							
	resulting in death) LAST		,							
	d									
EDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY PERFORMED?									
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. OTHER:	PLACE OF DEATH (Ch	eck only one)					
YS	1 YES 2 10 1 Inpatient 2 ER/Outpat	tient 3 🗆 DOA		ome 5 🗆 Residenca	8 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO									
	2 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State)									
	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of an incomplete of the heat of the									
COMPLET	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
B	100 1 S. Steelman,	M.D.		29c. LICENSE NUI		29d. DATE	E SIGNED (Month, Day, Year)			
2	36-NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEAT		Delecti	1409	3511		1124173			
	DEAT	··· (iicm zr) (lype,	r inny							
1	31. DATE FILED (Month, Day, Year) 32. REGISTRARYS SIGNAL	THRE 7/1	1.00							
	31. DATE FILED (Month, Day, Year) 32. REGISTRARYS SIGNAL 10 93	4 dson- Mana	ADG.							
	JUL / V VV									

	TO THE MISPIAN, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
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	FOR	STATE OF N	IARVI AND	/ DEDAD	TMEN	r ne u	IEAITH AN	ID MENT	A) HVOICH	9	3 7	23162	
	1 - STATE REGISTRAR	JIAIL OF I	C	ERTIF	ICATI	E OF	DEATH	ID MENI	AL HYGIEN REG. NO.	t			
	1. DECEDENT'S NAME (First, Middle, Last)	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE										. TIME OF DEATH	
DIRECTOR	Maxine Sarah	Kent	Kent					7	73°		YEAR	6:50P M	
	4. SOCIAL SECURITY NUMBER	5. SEX /	- I was (in you not birthout)						E OF BIRTH	8	. BIRTHPL. Country)	ACE (State or Foreign	
	215-18-8162	1 M 2 ST F 72 YRS.			MONTHS	DAYS	HOURS M	IN.	5/23/2	21	UNI	KN	
	9a. FACILITY NAME (If not institution, give street and number) 9					, TOWN C	R LOCATION OF DEATH 9c. COUNTY OF DEATH						
	Apt 806 QueenCity Towers					Cumberland Allegany							
	The second secon					Y, TOWN OR LOCATION 10d, INSIDE CITY							
	Maryland Allegany Cu					land	}				- 1	LIMITS?	
	10e. STREET AND NUMBER	3				101	. ZIP CODE	10g. CITIZEN OF WI			707		
ER/	Paca Street						21502			USA			
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT OF HIS	SPANIC ORIG	GIN? (Specify Yes		I. RACE -	- American Indian.	
Y F	1 Never Married 2 Married	IF YES, GIVE W	YES 2	NO			2 NO S		o Rican, etc.)		Black, White, etc. Specify:		
	3 X Widowed 4 Divorced	L			-						B1a	ick	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON st of working	1	66. KIND OF BUS	INESS/INDUS	TRY		
E E	Elementary/Secondary (0-12)	College (1-4 or 5+) "	e. Do NOT us	se retired.)			-					
M	11 11 11 11 11 11 11 11 11 11 11 11 11			<u>Bookk</u>	eepe	r							
	William Edward Powell Sr. 18. MOTHER'S NAME (First, Middle, Lest) Edna Williams Powell												
BE	WILLIAM Edward	Powell St							ams Pow		2.0		
5												5 PACA St.	
	Evelyn Powell Apt. 809 Queens City Towers, Cumberland MD 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Date 20c. LOCATION - City or Town, State												
À	20b. PLACE AND DATE of DISPOSITION DATE 20c. LOCATION - City												
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						ID ADDRESS O	E FACILITY	Z/ Mor	ganto	wn,	WV	
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY West Virgous Human Gift Registry, More												
	26										wv 26506		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Hypertensive cardiovascular heart disease DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions,	Diabetes										}	
ERTIFICATION	if any, leading to immediate												
2	CAUSE (Disease or injury												
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
B	d												
									ERE AUTOPSY FINDINGS				
MEDICAL	Myasthenia gravis								1 T VEC 2 SAVO			MAILABLE PRIOR TO OMPLETION OF CAUSE	
	DF DEATH?												
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S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER												
YSI	YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
PHYSICIAN:	27. MANNER OF DEATH	E OF URY	F 28c. INJURY AT 28d. D			d. DESCRIBE HOW INJURY OCCURED							
B	1 Natural 5 Pending 2 Accident Investigation	М	M 1 YES 2 NO										
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, le building, etc. (Specify)									H. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
E													
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner ee stated.												
ő		one) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner as stated.											
WA A	296. AGNATURE AND STILL OF CERTIFIER	4	De	s+sz Mz	od Es	,	29c. LICENSE				SIGNED (M	fonth, Day, Year)	

D 09157

occured at the time, date end place, and due to the cause(e) end manner as stated. PITME OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

7/23/93

Dpty Med Ex WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Paul Snow, M.D. 124 W 3r d St Cumb Md 21502

31. DATE FILED (Month, Day, Year) AUG 10 1993

9

32, REGISTRAR'S SIGNATURE

STATE	0F	MARYLAND .	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF I	HEALTH AND	MENT	AL HYGIENI REG. NO.			
1. DECEDENT'S NAME (First, Middle, La	st)		07112 01	DEATH	2. DAT	E OF DEATH		3.	TIME OF DEATH
OWEN	BRADLEY	KINS	INGER		MON		13	F49 3	2:00 A
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH rith, Day, Year)	8.	BIRTHPL.	ACE (State or Foreign
220-32-4249	1 X M 2 D F	56 YRS.			110.	15-1936	::	Mary	land
98. FACILITY NAME (If not institution, gir			9b. CITY, TOWN	OR LOCATION OF	DEATN		9c. COUNTY	OF DEAT	H
PARKINGLOT-AME	RICAN TRUCK	PARTS	CUM	BERLAN	D		ALLE	GANY	
10a. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCA	TION				10	d. INSIDE CITY LIMITS?
Maayland Al	llegany	Cum	berland					1	X YES 2 NO
10e. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZEI	N OF WHA	T COUNTRY?
341 Frederick				21502				USA	
11. MARITAL STATUS 1 Never Married 2 W Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	13. WAS DEC	ENOENT OF NISPA	ANIC ORIG	HN? (Specify Yes o Ricen, atc.)	or No- 14	. RACE -	American Indian, Tilta, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2 NO Spec	etty:		1	Specify:	
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S U	SUAL OCCUPATION	DN	110	Sb. KIND OF BUSI		Whit	e
(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	ork done during mo retired.)	ast of working					
10th Grade		Mechan	ic			Mericar	Truc	l D∋	ntc
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N		, Middle, Maiden S		K FA	11.5
Ralph Kinsinge	r			Emn	na Sc	hrock			
19a. INFORMANT'S NAME (Type/Print)	_	19b. MAILING A	DORESS (Street a	and Number or Rure	Route Nu	mber, City or Town,	State, Zip Co	ide)	
Virginia L. Kir	nsinger	341½ F	<u>rederic</u>	k St., (Cumbe	erland,	MD 2	1502	
20s. METNOD OF DISPOSITION 1X Burial 2 Cremation 3 R		b. PLACE AND DATE OF			1		ATION — CIty		
4 Donation 5 Other (Specify)		metary, crematory of othe crantsvill			7-2	0 Grar	tsvil	le,	MD.
21. SIGNATURE OF PUNERAL SERVICE	LICENSEE		22. NAME AI	Wman Fur	neral	Homes.	P.A.		
Buth K. 1	Leuman		Gr	antsvill	le, M	laryland	215	36	
23. PART/I. Enter the diseases, of shock, or heert feitur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ARTERIOSCLERO	eech line.				Talec or reapin	atory sites		Approximate Interval Between Onset and Death
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflisted events resulting in death) LAST	с	A CONSEQUENCE OF):							
PART II. Other significant condition ALCOHOLISM	ons contributing to death	but not resulting in	the underlying	g cause given in	Part I.	24a. WAS AN A PERFORM	ED?	AM CO OF	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 \(\sum \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (C	heck only o	one)			
1 TYES 2 NO	1 inpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence	XXOth	er (Specify)	PAR	KED	VAN
27. MANNER OF OEATH 1 Natural Samuranding	(Month, Day, Year)	28b. TIME	TY WO	RK?	28d. DE	SCRIBE NOW IN.	JURY OCCUR	ED	
2 Accident Investigation				rES 2 NO					
3 Suicide 8 Could not be determined	28a. PLACE OF INJUR' building, atc. (Spe	Y — Al home, farm, str ocify)	eet, lactory, offic	•	281. LO	CATION (Street and vor Town, State)	d Number or i	Rural Route	Number,
	/SICIAN: To the best of my know NER: On the bests of axamination							euse(a) an	d manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	ER A	lı.		29c, LICENSE NU	MBER		29d. DATE SI	GNEO (Mo	nth, Day, Year)
munko 1	ne frull	My		OCM			▶ 7	18	1993
30. NAME AND ADDRESS OF PERSON	VNO COMPLETED CAUSE OF DE	Penn S	treet,	Balti	.mor	e, Mar	yland	d 2	1201
31. DATE FILED (Month, Day, Year) JUL 21199	31. HAGISTHAR'S SIGN	ATURE							

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrobe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF M			TMENT (MENT	TAL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last)				OAIL	OI D	LAIN	2 04	REG. NO.			3. TIME OF DEATH
MARGARET	MARY		KIN	VC.			MO	NTH DA		YEAR	1:20 P M
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		IF UNDER 1 Y	rear I	IF UNDER 24 HRS.	7. DA	TE OF BIRTH	1993	A BIRTH	PLACE (State or Foreign
216-22-6300	1 🗆 M 2 🖔 F	85	YRS.	MONTHS D		IOURS MIN.	04	701/08		M A R	ÝLAND
9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY, TO	OWN DR	LOCATION OF	_	, , , , , ,		NTY OF DE	
Memorial Hospit	:a1		a."	Cumbe	rlar	ad			Allegany		
RESIDENCE OF DECEDENT									A.	rrega	iny
MARYLAND ALL	EGANY			V, TOWN OR LOCATION 10d. INSI LIMIT LIMIT 1 X VE						10d. INSIDE CITY LIMITS?	
10a. STREET AND NUMBER	LUANT			JMBER							1 X YES 2 NO
506 WASHINGTON	STREET					1502					HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	EVED IN ILC AD	ueo.	1 40 110						J.S.	
1 Never Married 2 Merried	FDRCES? 1 [YES 2 N	0	If y	es, specif	ly Cuben, Mexic	can, Puer	GIN? (Specify Yee to Rican, etc.)	or No-	14. RACE Black	- American Indien, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WA	H OR DATES		1 1	YES 2	ND Spec	olfy:			Specif	WHITE
15. DECEDENT'S EDUC (Specify only highest grade		16a. DE(CEDENT'S	USUAL OCCU	JPATION	d d. (1	16b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ho.	Do NOT use	e retired.)		n working					
	4	<u> </u>	OMEN	1AKER				HOME			
17. FATHER'S NAME (First, Middle, Last) JOSEPH REINHART				16. MOTHER'S NAME (First, Middle, Meiden Sumame)							-
				REDITH HOLTZEN NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
190. INFORMANT'S NAME (Type/Print) ROBERT KING											
											MD 21502
20s. METHOD OF DISPOSITION 1 Burial	val from State	20b. PLACE A COMPLETY CENT	nd DATE O	Per place	ON (Name	of	1		CATION —		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	I UMP	S CK	22 NA	JKY ME AND	ADDRESS OF E					R, VA
m/h 1. (0)	01	1		GE(ORGE	- UPCI	TURG	CH FUNE	ERAL	HOM	IE, P.A.
Genay 11.	Unchu	uch		202	2 GF	REENE	ST.	, CUMBE	RLA	ND, M	ID 21502
23. PART I. Enter the diseeses, or c ahock, or heert feilure. I	ompicetions that lated only one cause	caused the dec e on each line.	eth. Do n	ot enter the	e mode	of dylng, su	ch as c	ardiac or reaple	ratory srr	est,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disesse or condition	0										Onset and Death
resulting in death)	CARDI DUE TO (C	O PUL	10	NAR	Y	AKRE	55				
	END DUE TO (C	AS A CONSED	C 2). A =	/ • (A	. 1	0:	S= 40 =	=		
Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEQ	UENCE OF):	747	,	0 (06 N 2 C			
cause. Enter UNDERLYING	ADVA DUE TO (C	INCE D	40	10	Wi	H 1)	-B	"CETAT	100	7	
	DUE TO (C	R AS A CONSED	UENCE OF):			U • 1	011/11			
resulting in death) LAST	COR	DNAR	X	ARFE	~	× OI	ノテノ	ナノモ			
PART II. Other significent conditions									ALITOREY	245	WERE AUTOPSY FINDINGS
				The diago	riying c	ouse given n	rect i.	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TES 2	NO		OF DEATH?
											1 TES 2 110
25. WAS CASE REFERRED TO MEDICAL					26. PLACI	E OF DEATH (C	hack only	one)			
EXAMINER?	HOSPITAL:	R/Outpatient 3		OTHER:		5 🗆 Residence					
27. MANNER OF DEATH	28e. DATE OF IN	JURY	28b. TIME	OF 28	c. INJURY	/ AT		ESCRIBE HOW IN	JURY OCC	URED	
1 Pending 2 Accident Investigation	(Month, Day,	A l	INJU		WORK?	2 ND					
3 Suicide 6 Could not be	28e. PLACE DF building, et	INJURY — At hor	ne, ferm, st	reet, fectory,	office		281. L	OCATION (Street o	nd Number	or Rural Ro	oute Number,
4 Homicide determined		a. (opeony)					۵	ity or Town, State)			
290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of m	y knowledge, dea	th occurred	d at the time.	, date end	f place, end du	e to the	cause(e) end men	ner ee atate	ed.	
One) 2 MEDICAL EXAMINER											end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER						c. LICENSE NO					(Month, Day, Year)
Elis He	la la		201		D	19318) :	7/2	1/92
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE									10	11/5
31. DATE FILED (Month One Want	517 O	ldtown]	Road	Cumbe	r1ar	nd, MD	215	02			
111 221993 4	SE. HEGISTHAR	SIGNATURE									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

No American Inc.

ital or attending physician.	d for use as the burial-transit	
e 6 may be retained by the hos	ector, page 5 should be detached	must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit he filed within 72 hours after death with the State heart and Mental Houses now to have a companion or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he filled within 27 hours after death with the State Dent of Heath and Mental Houses notor in build reamston or removal	ury, or other traumatic ev
AN: The law requires that the	ificate has been signed by the	r Item 23 shows any Inju
AL DR ATTENDING PHYSICIA	IL DIRECTOR: After this certily house after death with the	f item 28 is marked, or
TO THE HOSPITA	TO THE FUNERA	IMPORTANT: 1

30. NAME AND ADDRESS OF PERSON WHO

S. HAS WELL

31. DATE FILED (Month, Day, Year)

JUL 22 '93

	1 - FOR STATE REGISTRAR		STATE OF I	/ARYLA	ND / DEPAR CERTIF					MEN	TAL HYGIEN REG. NO	_	3	23165		
- 1	1. DECEDENT'S NAME (First, Min	ddle, Last)	M		1/	11					ATE OF DEATH		EAR 3	TIME OF DEATH		
		VS.	11.		10	bler	-				ly 19		93	11:45 AM		
	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. 0	ATE OF BIRTH Jonth, Day, Year)		BIRTHPL Country)	ACE (State or Foreign		
	264-43-555		1 M 2 KF	9	2 YRS.		Unio	moons		3/	27/1901 New York					
~	9a. FACILITY NAME (If not institu	ution, give etn	set end number)			9b. CITY,	TOWN C	OR LOCAT	ION OF DE	ATH		9c. COUNT	Y OF DEA	ТН		
0	Bel Air Cor	nval	. Cent	er				Bel	Air			Harford				
E		b. COUNTY			10c. CIT	Y, TOWN OR LOCATION							10d. INSIDE CITY			
DIRECTOR	Florida	Br	oward		1.571	Ft.	Teat	1461	Lebr	0		LIMITS?				
	10e. STREET AND NUMBER	202	0 11 002 00			T 0.		ZIP COD				10g. CITIZE		YES 2 NO		
FUNERAL	N.W. 38	8th S	treet										J.S.			
3	11. MARITAL STATUS		12 WAS DECEDEN	T EVER IN	J.S. ARMED	13. V	MAS DEC	ENDENT (OF HISPAN	IIC OF	IIGIN? (Specify Yes					
	1 Never Married 2 Mer		FORCES? 1	YES AR OR DAT	2 NO ES	н	yes, spe	2 NO	en, Mexica	n, Pu	rto Rican, etc.)		Black, \ Specify:	- American Indian, White, etc.		
ВУ	3 X Widowed 4 Divorced	d						25						casian		
빌	15. DECEDE (Specify only hig	ENT'S EDUCA			8e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OC	CUPATIO	ON st of world	na	П	16b. KIND OF BUS	SINESS/INDUS				
E	Elementary/Secondary (0-12)		College (1-4 or 5	•)												
COMPLETED	8				Hou	usewife Home										
	17. FATHER'S NAME (First, Middle	e, Last)	7.7	A		18. MOTHER'S NAME (First, Middle, Meiden Surneme)										
BE	Albert 190. INFORMANT'S NAME (Type)	21.0	Wes	ser	1				The Part of the Pa	mm		Lu				
임	Donald H. I										Number, City or Town					
			Terr			Cou	7				ld. 21047					
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 4 Donation 6 Other (Spi		val from State		Pry, crematory or o	ther plece)			20.00	1	and the last	CATION — CIT				
	21. SIGNATURE OF FUNERAL SE	NSEE /	PAI			arde	SS OF FAC	CH IT	/23 Be	I All	IV	laryland				
	1. M. S	lock	len !	urk	211		Ku	irtz	Fu	ne vi	ral Ho	arvla	nd			
	23. PART I. Enter the disease	eses, or co	emplications that	caused t	he deeth. Do	not enter	the mo	de of dy	ing, suct	h as	cerdiac or respi	ratory arres	t,	Approximate		
	IMMEDIATE CAUSE (Finel		7	//		ā)								Onset and Death		
l	disease or condition resulting in death)		H	eun	10110	a								14 day		
			OUE TO	(OR AS A C	ONSEQUENCE O	F):										
S	Sequentielly list conditions	. F 6.		22111												
CERTIFICATION	if any, leeding to immediat cause. Enter UNDERLYING	le	DOE 10	(OR AS A C	ONSEQUENCE O	F):										
윤	CAUSE (Disease or injury that initiated events	6 a	DUE TO	(OR AS A C	ONSEQUENCE O	FI:										
E	resulting in death) LAST	45		(. ,.								į		
빙		d.														
AL	PART ii. Other aignificent	conditions	contributing to	deeth but	not resulting	in the und	derlying	Ceuse !	given in I	Part	. 24s. WAS AN PERFOR		24b, W	ERE AUTOPSY FINDINGS MILABLE PRIOR TO		
8		Dem	entin								1 TYES 2		C	OMPLETION OF CAUSE F DEATH?		
ME														YES 2 NO		
0.0																
Z		EDICAL	HOSPITAL:			OTHER	-	ACE OF D	EATH (Cha	ck on	y one)					
CIAN	25. WAS CASE REFERRED TO MI EXAMINER?				ent 3 🗆 DOA	OTHER 4 Nursi		6 🗆 R	eldencs	6 🗆 6	Other (Specify)					
YSICIAN	EXAMINER?	-	1 🗆 Inpatient 2 🗆	EN/Outpati							28d. DESCRIBE HOW INJURY OCCURED					
PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	-		URY AT RK?		28d.	DESCRIBE HOW II	JURY OCCU	RED			
	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 VE, Netural 5 Period		28e. DATE OF (Month, D	INJURY ay, Year)	IN	E OF IURY M	1 🔲 Y	RK? 'ES 2	□ NO	28d.	DESCRIBE HOW II	JURY OCCU	RED			
B₹	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pen 2 Accident Inve 3 Suicide 6 Cou	ding stigation	28e. DATE OF (Month, D	INJURY ay, Year)	At home, farm,	E OF IURY M	1 🔲 Y	RK? 'ES 2	□ NO	26t.	DESCRIBE HOW II LOCATION (Street e City or Town, State)			te Number,		
B₹	EXAMINER? 1	ding stigation old not be ormined	28e. DATE OF (Month, D	INJURY By, Year) F INJURY — etc. (Specify	At home, farm,	E OF IURY M	1 Y	RK? ZES 2 [26t.	LOCATION (Street e City or Town, State)	nd Number or	Rural Rou	te Number,		
B₹	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident 3 Suicide 6 Cou 4 Homicide 6 Cou dete 29e. CERTIFIER (Check only	ding stigation old not be ormined	28e. DATE OF (Month, D 26e. PLACE O building,	inJURY ay, Year) F InJURY — etc. (Specify	At home, farm,	E OF IURY M street, tecto	WOI 1 Y	RK? 'ES 2 [, and due	26t.	LOCATION (Street e City or Town, State)	nd Number or	Rural Rout			
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident 3 Suicide 6 Cou 4 Homicide 6 Cou dete 29e. CERTIFIER (Check only	ding stigation old not be ormined	28e. DATE OF (Month, D 26e. PLACE O building,	inJURY ay, Year) F InJURY — etc. (Specify	At home, farm,	E OF IURY M street, tecto	WOI 1 Y	RK? 'ES 2 [, and due	26t.	LOCATION (Street e City or Town, State)	nd Number or	Rural Rout	te Number, and menner ee stated.		
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident 3 Suicide 6 Cou 4 Homicide 6 Cou dete 29e. CERTIFIER (Check only	ding etigetion old not be ormined ING PHYSICI EXAMINER	28e. DATE OF (Month, D 26e. PLACE O building,	inJURY ay, Year) F InJURY — etc. (Specify	At home, farm,	E OF IURY M street, tecto	WOI 1 Y	end place	, and due red at the	26t. to the time,	COCATION (Street e City or Town, State) cause(s) end man date end place, end	nd Number or	Rural Roul			
BE COMPLETED BY	EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident 3 Suicide 6 Cou 4 Homicide 6 dete 29e. CETIFIER (Check only One) 2 MEDICAL	ding stigetion old not be ormined ING PHYSICI EXAMINER:	28e. DATE OF (Month, D 28e. PLACE O building, AN: To the best of con the besis of experience of exp	injury ay, Year) F Injury etc. (Specify my knowled amination a	At home, farm,	E OF IURY M street, tecto ed at the tin on, in my op	WOI 1 Y	end place	, and due	26t. to the time,	COCATION (Street e City or Town, State) cause(s) end man date end place, end	nd Number or	Rural Roul	nd menner ee atated.		
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident Inve 3 Suicide 6 Cou 4 Homicide dete 29e. CERTIFIER (Check only one) 2 MEOICAL	ding stigation old not be rmined ING PHYSICI EXAMINER:	28e. DATE OF (Month, D 28e. PLACE O building, AN: To the best of on the bests of experience of expe	injury y, Yeer) F injury etc. (Specify my knowled amination e	At home, farm, ge, death occur nd/or investigation	E OF IURY M street, tecto and at the tin on, in my op	WOI 1 Very, office me, date pinion, de	end place path occur	e, and due red at the ENSE NUM	to the	COCATION (Street e City or Town, State) cause(s) end man date end place, end	nd Number or	Rural Roul	nd menner ee atated.		

32. REGISTRAR'S SIGNATURE
Fulia Davidson-Randall

and the state of

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / I		TMENT OF			MENT	AL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) Anne Liese	Kane	Annelie	se N	lina Ka	ne			TE OF DEATH	2 9	YEAR 3	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 406-40-1603	1 🗆 M 2 🔀 F	6. AGE (In yrs. lest :	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY	-	NDER 24 HRS. RS MIN.	7. DAT	TE OF BIRTH		Gern				
TOR	90. FACILITY NAME (If not institution, give some state of the second state of the seco		Hospita	1	0	96. CITY, TOWN OR LOCATION OF DEATH Laurel					Prince Georges				
DIRECTOR	10e. STATE 10b. COUNT	v ce Georges	5		y, town on Lo irel	CATION					10d. INSIDE CITY LIMITS?				
FUNERAL	9270 Cherry Lane		<u>'</u>			10f. ZIP C	O 8- 116	59			tates				
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO		If yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifityes, specify Cuban, Maxican, Puerto Rican, etc. 1 TYES 2 NO Specify:					ocity Yea or No— 14. RACE — Ameri Black, White, a Specify: White				
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give	EDENT'S kind of to NOT us	work done during se retired.)	USUAL OCCUPATION Ork done during most of working ife Home					STRY				
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Karl Beigel		J۱	ulianr	ne R	i, Middle, Meiden itzhaup	ot								
0	Horst Beigel 29a. METHOD OF DISPOSITION	Urbana	Jrbana South, Laurel, Maryland 20724 OBPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
	1\text{\text{X}} Burlel 2 \(\) Cremetton 3 \(\) Rem 4 \(\) Donation 5 \(\) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK		Mary La	atory of o	Veterar	ns Ce	emeter	y7/	26 Chel 1 Home,	tenha	m, M	aryland			
KIIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Conto	e on aach iina.	A C	J Br							Approximate Interval Between Onset and Deat			
CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	OR AS A CONSEGU												
N: MEDICAL	PART II. Other significant condition	is contributing to d	leath but not rea	aulting	in the underly	ing caus	e givan in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO			
TSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	26. OTHER: 4 \(\text{Nursing H}		Residence								
Br Phr	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF W (Month, Day)	/, Year)		M 1	NJURY AT WORK? YES			EŞCRIBE HOW II						
LE I EU	3 Suicide 6 Could not be determined	building, et						Ch	CCATION (Street a ty or Town, State)			ite Number,			
COMP	(Check only one) 2 MEDICAL EXAMINE	R: On the beals of exa				, death oc	ccured at the	time, da				end manner ee stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	me	OF DEATH STEM	27) (5-0-	Defeat) A	D:	2428	3		▶ 7	.23				
	30. NAME AND ADDRESS OF PERSON WH M. YUSUF M. 31. DATE FILED (Month, Day, Year)	D. 3450		We o	rde	Kon	rd	La	urel	MD.	207	07			
	111 2 P 102	10. m.	1												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

HOSPITAL DR ATTENDING

Within 72 P MPORTANT: II

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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

who Davidson Randell

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e hospital or attending physician.	page 5 should be detached for use as the burial-transit		200
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permit. Pages 1, 2, 3 should

93 23 167 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ZUZANNA Cecelia Lukas JULY 26, KRAMASZ 1993 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH AUG. 12, 1907 6. BIRTHPLACE (State or Foreign Aug. 12, 1907 1111inois 285-01-5223 85 1 M 2 X F DAYS HOURS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR PHYSICIANS MEMORIAL HOSPITAL LA PLATA CHARLES RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Charles White Plains 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Smitty's Trailer Park Lot Blo 20695 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Widowed 4 Divorced If yes, specify Cuban, Maxican, Puerto Ri 1 TES 2 NO Specify: IF YES, GIVE WAR OR DATES BΥ Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ry/Seco ndery (0-12) College (1-4 or 5+) Homemaker Home notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Karl Lukas Sally Kolczymski Lukas BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Eleanor Armocida P.O. Box 182 White Plains, MD 20695 20a. METHOD OF DISPOSITION

1 Suriel 2 Cremation 3 Removal from Stata
4 Donation 5 Other (Specify) July 30,1993 Cleveland, Ohio 20b. PLACE AND DATE OF DISPOSITION (Name of Cairvery or Cente. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE AREHART ECHOLS FUNERAL HOME, INC. Davis MO0945 LaPlata, MD 20646 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: Shec 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER:
4 □ Nursing Nome 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO itient 2 - ER/Outpatient 3 - DOA 1 Linb 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 29e. CERTIFIER

(Check only

1 CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of axa ation end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER

D-34198

600 MOAKLEY STREET, #205

LEONARDTOWN, MARYLAND 20650

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-information or amount	il once.
may be retained	f, page 5 should	st be notified
er death. Page 6	he funeral directo	TANT: It iem 28 is marked, or iem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
hin 24 hours after	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun within 72 bours after death with the State Dent of Health and Mental Husione nation for removal	it, the medica
be executed wit	ician and comple	raumatic ever
death certificate	e attending phys	ury, or other t
requires that the	of Health and N	shows any Inj
SICIAN: The law	certificate has b	, or Item 23
ATTENDING PHY	offer death with	28 is marked
HOSPITAL DR /	FUNERAL DIRE	TANT: If item

FUNERAL (

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Stephen

31. DATE FILED (Month, Day, Year)

JUL 2 6 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Killian

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93 23168. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH T. Latimer 3. TIME OF DEATH 1943 Koddie July 0530 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8/20/48 249-92-2697 1 M 2 - F DAYS Se. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Anne Arundel Anne Arundel FUNERAL DIRECTOR Hedica Annapolis 10b. COUNTY IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL MD SHADYSIDE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 1663 COLUMBIA BEACH ROAD 20764 11. MARITAL STATUS XXX 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf was apacific gluben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES 2 NO 14. RACE — American Indien, Black. White, etc. 1 Never Married 2 Merrie If yes, specify Suben Mexican, Pu 1 YES 2 ANO Specify: ВУ IF YES, GIVE WAR OR DATES AFRO AMERICAN 3 Widowed 4 Divorced NAM COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) ntary/Secondary (0-12) 12 ***** MAINTANCE FOREMAN once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) R.L. LATIMER notified at VTOTA BARMORE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RUBY ADAMS LATIMER SAME AS 10 E. 2 20s. METHOD OF DISPOSITION

A. Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must PAPTIST CH.7-27+93 HONEAPATH S.C. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE HAME AND ADDRESS OF FACILITY ANNAPOLIS, MD. 21401 ► CHARLES E. HICKS 111 HOUSE OF HICKS F. SER. 1922 FOREST DRIVE 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition he Cancer 2 years resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 & Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 9 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide MPORTANT: If item 29e. CERTIFIER
(Check only one)

Application of the cause (e) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end mann 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day, Year) 029193 23/

180 Admiral Cochrane Dr

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	FOR 1 - STATE REGISTRAR		STATE OF I		D / DEPAR					MENTAL	HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, LUTHER	Middle, Last)	L.			LONG				2. DATE O MONTH July	F DEATH		YEAR 993	3. TIME OF DEATN 8:45 D M	
	4. SOCIAL SECURITY NUMB		5. SEX 1 🗀 🌠 2 🗀 F	6. AGE (In yrs	. lasi birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE O			_	IPLACE (State or Foreign	
<u>~</u>	9e. FACILITY NAME (If not in					96. CITY, TOWN OR LOCATION OF DEATH Cumberlnad						9c. COUNTY OF DEATH			
CTC	Memorial RESIDENCE OF DEC	EDENT							ıa			ALI	Legar		
DIRECTOR	MD		legany			v, town o Cumbe						10d. INSIDE CITY LIMITS? 1 X YES 2 1			
FUNERAL	100. STREET AND NUMBER	TICA T	ane			10f. ZIP CODE 21502			10g. CITIZEN OF USA				WHAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Divor	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S YES 2 WAR OR DATES	ARMED NO		If yes, sp	ENDENT (OF HISPAN	an, Puerto Rican, atc.)				E — American Indian, k, White, etc.	
COMPLETED	15. DECI (Specify only Elementary/Secondary (0 unknown	EOENT'S EOUG highest grade	CATION completed) College (1-4 or 5		(Give kind of life. Do NOT u	DENT'S USUAL OCCUPATION Ind of work done during most of working NoT use retired; Expenter foreman				16b. i	Rail	BINESS/INC			
E COM	17. FATHER'S NAME (First, MI					18. MOTNER'S NAME (First, Middle, Maiden Sumerne) Valeria Zimmerly									
TO BE	19. INFORMANT'S NAME (7) Mrs. Hild	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City 12403 Spruce Lane Cumberlar													
	20e. METHOD OF DISPOSITI 1 XBuriel 2 Crematio 4 Donation 5 Other						7-23	20c. LO	CATION -	City or To					
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	isl	U.	22.	Sca	rpel berl	li F	unera	1 Hom 1502	e			
IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. RUPTURED AS DOM, NAL ADRTIC ANEUR VS m. OUE TO CORRECT CO								Approximate interval Between Onset and Death							
CERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or Injusthat Initiated events resulting in death) LAST	ona, diate NG ry	DUE TO	OR AS A COM	C CO	LON FI:	<i>C</i>	AN	CEV	2					
PHYSICIAN: MEDICAL (PART II. Other significan	nt condition	s contributing to	death but n	ot resulting	In the un	derlying	g ceuse (given in i		24a. WAS AN PERFOR 1 YES 2	4	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES PARTY NO	MEDICAL	HOSPITAL:	ER/Outpatien	3 DOA	OTHER	t:			ck only one)	(Specify)				
ву РНУ		Pending nveatigation	28e. DATE OF (Month, D	ay, Ybar)	-	E OF JURY M	28c. INJ WO 1 1	URY AT RK? res 2			RIBE NOW II	JURY OC	CUREO		
0		Could not be determined	26e. PLACE O building,	FINJURY — A etc. (Specify)	t home, ferm,	streel, facto	ory, offic			261. LOCAT City or	ION (Street a Town, State)	nd Number	or Rural I	Route Number,	
COMPLETE			CIAN: To the beat of R: On the basis of e											end manner se stated.	
TO BE C	30. NAME AND ADDRESS OF	DER	her	SE OF DEATH (ITEM 27) (Type	, Print)			1645			29d. DATE SIGNEO (Month, Day, Year)			
2	Philip Schroeder M.D. Memorial Hospital Suite 402 Cumberland MD 21502 31. PATE FILED (Marie 20 3 3 arr) 32. REGISTRAR'S SIGNATURE														

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit purna, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERT	rific	CATE OF	DEATH	MEHINE	REG. NO				
7	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH	
	GOLDIE	Μ.	LEWIS				TIIT V		** 1993	YEAR	5:06A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birth	iday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	OF BIRTH	1333	8. BIRTI	IPLACE (State or Foreign	
	215-16-4779	1 □ M 2 💢 F	68 Y	RS.	WONTHS DAYS	HOURS MIN.	(Month, 05-	-04-19	25	MD	(۲)	
_	9a. FACILITY NAME (If not institution, give a				9b. CITY, TOWN	OR LOCATION OF D	DEATN		9c. COL	INTY OF D	DEATN	
DIRECTOR	MEMORIAL HOSPI	TAL			CUM	BERLAND			ALLEGANY			
EC	10a. STATE 10b. COUNT	Y	100	city.	TOWN OR LOCA	TION			10d, INSIDE CITY			
듬	WV Ha	mpshire		G	reen Sp	ring			LIMITS?			
AL	10e. STREET AND NUMBER					I. ZIP CODE			10g. C/1	IZEN OF	WHAT COUNTRY?	
FUNERAL	P.O. Box 57					26722			USA			
בֿ בֿ	11. MARITAL STATUS	12. WAS DECEDENT EX				CENDENT OF NISPA			or No-	14. RACI	E — American Indian, k, Whits, etc.	
<u>A</u>	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				S 2 NO Speci		ican, atc.)		Spec	ffv:	
	15. DECEDENT'S EDU	ICATION	14- DECEDE	NTIO II	SUAL OCCUPATE	OH .	Low				white	
<u>"</u>	(Specify only highest grade	completed)	(Give kin	d of wo	rk done during me	ost of working	166.	KIND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	unknown	College (1-4 or 5+)	re	tir	ed			shoe	e fac	ctor	7	
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, M					
BE	Valentine W.	. Wertz		Arrena T. Bennett								
2	19a. INFORMANT'S NAME (Type/Print)	(Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
-	Mrs. Gay A. Lo											
	20a. METNOD OF OISPOSITION 1 Description Description	oval from Stata	20b. PLACE AND O				DATE					
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Forest	Gl			7-2	8 (Greer	ı Spr	ing, WV	
	21. SIGNALONE OF FONERAL SERVICE LIN	2 Alan	-111	15		ND ADDRESS OF FA TPELLI F		1 Hom	n			
	23. PART //Enter the diseases, or	Lyca	AU		Cun	berland.	MD 2	21502				
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO COR	AS A CONSEQUENCE AS A CONSEQU	CE OF):	ry Si Pres 1-14 CIM	TON TON HLUNI BIA	P P P	E			Onest and Death	
MEDICAL	PART II. Other algnificent condition	th but not resuit	ing In	the underlyin	g ceuea given in		24a. WAS AN PERFOR 1 YES 2	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO		
į	25. WAS CASE REFERRED TO MEDICAL											
THI SICIAN:	EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (Ch						
	27. MANNER OF DEATH	1 Inpetient 2 ER		TIME		NURY AT	_	(Specify)	M III IBV AA	Cliber		
	1 Natural 5 Pending	(Month, Day, Ye		INJU	RY WC	YES 2 NO	204. UE\$(AMPL HUW II	JUNI UC	CORED		
ED 01	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26s. PLACE OF IN. building, etc.	JURY — At home, fa (Specify)	irm, etr			261. LOCA City or	TION (Street a Town, State)	and Numbe	r or Rural F	Route Number,	
	29a. CERTIFIER 1 TI CONTIEVING PUVCI	CIAN. To the best of all										
COUNT EL 1ED	(Check only one) 1 OPATIFYING PHYSI OPATIFYING PHYSI ONE)	R: On the basis of exami-	nowledge, death oc nation and/or investi	curred gation,	in my opinion, d	and place, and due leath occured at the	to the cause time, data a	e(a) and man	ener an ata d dun to ti	ted. Ne cause(a) and manner as stated.	
4	SOL SIGNATURE AND TITLE OF CERTIFIER		2		20	200. LICENSE NUI		/			(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27)	Type, P.	rint)	101	0/		-/	10		
	DR, JAMES M.	RAVER/MEMOI				ERLAND, M	D. 21	502		-		
	31. DATE OF 18 17 1993	32. REGISTRAR'S	SIGNATURE									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OINTE OF I	CE		ICATE O			REG. NO.	_					
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEATH MONTH DA	ıv	YEAR	3. TIME OF OEATH			
	MARY G. LORD							JÜLY 25		993	9:45 A	M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi		IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign	7		
	215-36-0212	1 □ M 2 🂢 F	89	YRS.				OCT. 5, 1	903	MARYLAND				
ar.	Sa. FACILITY NAME (If not institution, give s		CHILDRO		9b. CITY, TOW			ATH	100	UNTY OF DEATH				
Ď.	WILLIAM HILL HEAI	TH CARE	CENTER		CAM	BRIDGE	<u> </u>	_	DORC	HEST	ER			
DIRECTOR	10e. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY					
	MARYLAND DORG	CHESTER		EAST NEW MARKET						LIMITS?				
IAL	100. STREET AND NUMBER					10f. ZIP CODE	_		10g. CITI	10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	ACADEMY STREET					216				USA				
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED	13. WAS C	ECENDENT C	F HISPAN	C ORIGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.			
BY	3XXWidowed 4 Divorced	IF YES, GIVE W	AR OR DATES			ES 2 XNO			ı	Specif				
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCUPA	ATION		16b, KIND OF BUS	SINESS/IND	EISTRY		-		
H	(Specify only highest grade	College (1-4 or 5	(Gi	ve kind of a Do NOT u	work done during se retired.)	most of working	ng							
립	, , , ,	2		EACHI	ER			EDUCA'	TION					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTI	HER'S NAM	AE (First, Middle, Maiden	Sumame)					
BE (WILLIAM T. GOOTER	<u> </u>					WILH	ELMINA M.	HURS	T				
2	19a. INFORMANT'S NAME (Type/Print)		198					oute Number, City or Tow	n, State, Zip	Code)				
	WALTON P. TAYLOR		1200							21643				
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from State		ematory or other placel						ST NEW MARKET MD				
21. SIGNATURE OF FUNDRAL SERVICE/LICENSEE 22. NAME AND ADDRESS OF FACULTY														
	1 / Ban wal	L Su	1/2,					HOME, P.						
-4	22. PART I. Enter the diseases, or	complications the	t coursed the de	eth Do	1106	MAIN S	TREE	T, EAST N	EW MA	RKET		1		
1	shock, or heart failure.	List only one cau	ise on each line.		iot enter the t	mode or dyr	ing, such	as cardiec or respi	ratory err	est,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	0	Pari	no.		60		Son	Da		Onset and De	eath		
	resulting in death)	DUE TO	OR AS A CONSEC	WENCE O	n ()	1 /	1	+ 10	1000	a.	4			
z		· Ch	rine	0	Ne	bel	-	udos	tal	e				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	WENCE O	0-	1	4	0. T.	. 0	/				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	e Colo	risce	NENCE O	50	00	in	a pe	egg	?	1			
Ē	that initiated events resulting in death) LAST	100	LUSS 6	2	1	an	~	rille	Pro	led.		. 1		
		a. A.					1		(, 0	2700	The	4		
DICAL	PART II Other significant condition	s contributing to	death but not n	esulting	in the underly	ring cause g	given in F	Part I. 34s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDIN AMALABLE PRIOR TO	GS		
8	200010	(- 4	10	and j	-11-	<u> </u>	1 PMS 2	□ ₩0		COMPLETION OF CAUSE OF DEATH?	٤		
ME	Desca	ne,		_(-0			_			1 - YES 2 - HO	- 1		
AN	25. WAS CASE REFERRED TO MEDICAL	_/										_		
S	EXAMINER?	HOSPITAL	energe en en en en en en en en en en en en en		OTHER:	PLACE OF D	etta esta esta esta esta esta esta esta	candida di sanco				\dashv		
97	1 YES 2 NO	1 C) Impatient -2 C	ER/Outpatient 3	28b. TIM		ome 5 Re	sidence (26d. DESCRIBE HOW I	WHIRE OCC	nimer.		-		
<u> </u>	27, MANNER OF DEATH	28s. DATE OF				WORK?		and Deponies from it	additi occ	Ones		- 1		
PHYSICIAN:	1 - Minural S - Pending	28a. DATE OF (Month, D		1960	M 1	YES 2	NO.							
B≺	1 Minural S Pending 2 Accident Investigation	(Month, D	ey, West F INJURY — At hos			YES 2] NO	28f. LOCATION (Street)	and Number	or Rural R	oute Number	4		
B≺	1 Manual S Pending 2 Accident Investigation	(Month, D	ily; Yharj] NO	28f. LOCATION (Street of City or Town, State)	and Mumber	or Runei R	oute Mumber	\dashv		
B⊀	1 Matural S Pending Investigation 3 Sucident S Could not be determined	28s, PLACE O building,	ny: Year) F (NUURY — At hor etc. (Specify)	ne, farm,	street, factory, of	Mice		City or liven, State)			oute Mumber			
B⊀	1	28s. PLACE 0 building.	# What At hose etc. (Specify) my knowledge, dec	ne, farm, i	street, factory, of	eta and place	, and due	to the cause(s) and mar	nner as stat	ed,	T.P. S.D.W.SHS			
E COMPLETED BY	1 Matural 5 Pending Investigation 3 Studelde 6 Could not be determined 29a. CERTIFIER (Check only CERTIFYING PHYSI	(Month, D 28e, PLACE O building, CIAN: To the bast of a	# What At hose etc. (Specify) my knowledge, dec	ne, farm, i	street, factory, of	ate end place	, and due	to the cause(e) and mar	nner as stated	ed. e cause(s)	T.P. S.D.W.SHS	ı		
BE COMPLETED BY	1 Priemarial	(Month, D 28s. PLACE O building. CIAN: To the bast of a	FINJURY — At hose etc. (Specify) my knowledge, decimal manufor in	ath occurr	ed at the time, d	ate end place	, and due t	to the cause(e) and mar	nner as stated	ed. e cause(s)	and manner as stated	.)		
E COMPLETED BY	1 Filteral S Pending Investigation 2 Accident 3 Stuckele S Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, D 28s. PLACE O building. CIAN: To the bast of a	FINJURY — At hose etc. (Specify) my knowledge, decimal manufor in	ath occurr	ed at the time, d	ate end place	, and due t	to the cause(e) and mar	nner as stated	ed. e cause(s)	and manner as stated			
BE COMPLETED BY	1 Priemarial	CIAN: To the best of a graph of dompleted CAU:	FINJURY — At hose etc. (Specify) my knowledge, decimal manufor in	ath occurr	ed at the time, d	ate end place	, and due t	to the cause(e) and mar	nner as stated	ed. e cause(s)	and manner as stated	20		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-trans r removal.
	4 P	filled tion, d
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transhours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

must be notified at once.

exeminer

medical

or other traumatic event, the

23 shows any injury,

5

marked,

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28

Item

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

140m AS

Thomas C Hell

FUNERAL DIRECTOR: After I within 72 hours after death

TO THE HOSPITAL OF THE FUNERAL DE FISED WITHIN 72 ho

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that

2. 3 should

93 23172 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 8 - DAY CLARA BELL LEWIS 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 220 16 9433 1 M 2 KDE Feb. 16. MD 1912 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Waterview Nursing Home Salisbury Wicomico RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Wicomico SAlisbury 1X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 724 Madison Street 21801 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY Specify: 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondary (0-12) College (1-4 or 5+) Seamstress Clothing 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Green Truitt BE Della Lewis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Norma Lee Elliott 307 Washington St., Salisbury, Md. 21801 20a. METHOD OF DISPOSITION
1 Description | Method | Disposition | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Suriel 2 Cremation 3 4 Donation 6 Other (Specify) cemetery, crematory or other place)
Truitt Cemetery 8/9/93 Powellville, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home, 108 Williams Street nutar 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ar diomy opa-Schemic years DUE TO (OR AS A CONSEQUENCE DF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DE): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE DE): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: 4 Nursing H 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide

281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Medical Durector 08008 ▶08-06-93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bluff 08 Vine 21801 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

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IMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit on, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	REGISTRAR			O-11111	ICATE C	I DEAIL	REG. NO		
	1. DECEDENT'S NAME (First, Middle, La	st)					2. DATE OF DEATH		3. TIME OF DEATH
	William	Brooke		Mat	thews		July 26,	1003	YEAR OFIN H
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs, leat birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH	1333	8. BIRTHPLACE (State or Foreign
	579-46-3977	1.XXM 2 □ F	56	YRS.	MONTHS DAY		(Month, Day, Year)	027	Country)
								937	Maryland
00	9e. FACILITY NAME (If not institution, gi	ve street and number)			96. CITY, TOW	N OR LOCATION OF	DEATH	9c. COU	NTY OF DEATH
DIRECTOR	Indian Town Far	ms			Chap	tico		St.	Mary's
ည	10a. STATE 10b. COU			40a OIT	Y, TOWN OR LO				
=		. Mary's		100. 011	Chapti				10d. INSIDE CITY
		· rary s			Chapti				1 TES 2 NO
Ĭ.	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
iii iii	Indiantown Farm					20621		1	USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	I.S. ARMEO	13. WAS	DECENDENT OF HISPA	ANIC ORIGIN? (Specify Ye	or No-	14. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1	MR OR DATE	ES_		, specify Cuban, Maxid YES 2 □XNO Spec	can, Puerto Rican, etc.)		Black, White, etc.
BY	3 Widowed 4 Divorced	after	1-31-	-55					White
	15. DECEDENT'S E (Specify only highest gr		1	6e. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/IND	
ш	Elementary/Secondary (0-12)	College (1-4 or 5	-)	life. Do NOT us	vork done during se retired.)	most of working	1		
亘		2	P	resider	nt/CEO		Real Es	tate	Corporation
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maiden		
	George H. Matth	ews					es Lyon	,	
BE	19a. INFORMANT'S NAME (Type/Print)			19h MAILING	ADORESS (Stre		Route Number, City or Tow	e Ctata 7/a	Codel
2	Lucy Moreland M	atthews		India	ntown	Farm. Cha	ptico, MD	20621	Code)
	20a. METHOD OF DISPOSITION		1 000 00						
	1 M Buriel 2 Cremetion 3 R 4 Donation 6 Other (Specify)	emoval from State	cognete	LACE AND DATE (ther place	ch Comote	ery 7-29 Br	CATION —	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE .	- 10	· Mary				yante	JWII, PID
	113 au al	n Mica	cher	7	Hunt	t Funeral	Home		
	Benjamin	M. Matthe	ews MO	0658			Waldorf,	MD 20	0604-0156
	23. PART i. Enter the diseases,	or complications tha	t causad ti	he deeth. Do n					
	snock, or heart fallu	e. List only one cau	se on aac	h iine.					interval Between
1 1	IMMEDIATE CAUSE (Finel disease or condition		151	1.7	7-1		- Acci)	Onset and Death
	resulting in desth)	a. 00	25-	ONSEQUENCE OF	000	enu	- Mcc	de	neaf
		002 10	(OH AS A C	ONSEQUENCE OF	-):				
8	Sequentially list conditions,	b. OHE TO	OP AS A CO	ONSEQUENCE OF					
F	if any, lesding to immediate cause, Enter UNDERLYING	552.10	(011 20 2 0	DNSEODENCE OF	·):				
문	CAUSE (Disease or Injury	C	OP AS A CO	ONSEQUENCE OF	D.				!
		OUE TO	(OU WO W C	ONSECUENCE OF).				
E	that initiated events resulting in death) LAST	DUE TO							
SERT	that initiated events	OUE TO							
L CERTIFICATION	that initiated events reaulting in death) LAST	d,	deeth but	not resulting i	n the underly	ying ceuse given li	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	that initiated events	d,	deeth but	not rasulting i	n the underly	ring ceuse given li	PERFO	MED	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL CERTI	that initiated events reaulting in death) LAST	d,	deeth but	not rasulting i	n the underly	ring ceuse given li	Part I. 24a. WAS AN PERFOI	MED	
MEDICAL	that initiated events reaulting in death) LAST	d,	deeth but	not resulting i	n the underly	/Ing ceuse given li	PERFO	MED	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	that Initiated events resulting in death) LAST PART II. Other significent condit	ddons contributing to	deeth but	not resulting i	n the underly	ring ceuse given li	PERFO	MED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	that initiated events reaulting in death) LAST	dions contributing to	deeth but	not resulting i	26	ring couse given in	PERFOI	MED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	that Initiated events resulting in death) LAST PART II. Other significent condit	ddons contributing to				PLACE OF DEATH (C	PERFOI	MED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significent condit	HOSPITAL: 1 Inpatient 2 26s. DATE OF	ER/Outpatk	ent 3 DOA	26 OTHER: 4 Nursing H	PLACE OF DEATH (Clome 5 () Residence	PERFOI	NO NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other significent conditions to the conditions of the con	HOSPITAL: 1 Inpatient 2 26a. DATE OF	ER/Outpatk	ent 3 DOA	OTHER: 4 Nursing H E OF 28c.	. PLACE OF DEATH (Clome 5) Residence	PERFOI T VES 1 heck only one) 6 □ Other (Specify)	NO NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significent condit	HOSPITAL: 1 Inpatient 2 26a. DATE OF (Month, D	ER/Outpatk INJURY my, Year) F INJURY —	ant 3 DOA 26b, TIMI NJ At home, farm, s	26 OTHER: 4 □ Nursing H E OF 28c. URY M 1 [PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO	heck only one) 6 □ Other (Specify) 28d. DESCRIBE HOW I	NO NJURY OCC	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	that Initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL ETAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O building.	ER/Outpatk	ant 3 DOA 26b, TIMI NJ At home, farm, s	26 OTHER: 4 □ Nursing H E OF 28c. URY M 1 [PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO	PERFOI T VES 1 heck only one) 6 □ Other (Specify)	NJURY OCC	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other significent condit	HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, D) 26e. PLACE O building,	ER/Outpatk INJURY my, Year) F INJURY — atc. (Specify)	ant 3 DOA 26b. TIMI BNJ At home, farm, s	26 OTHER: 4 Nursing H E OF 28c. URY M 1 [. PLACE OF DEATH (Clome 5 Residence INJURY AT WORK? NO MICE	PERFOI Theck only one) 6 Other (Specify) 26d. DESCRIBE HOW I 26f. LOCATION (Street City or Yown, State)	NJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Rural Route Number,
ED BY PHYSICIAN: MEDICAL	That Initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not 1 detarmined 29a. CENTIFIER (Check only 1 CERTIFYING PH	HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, D) 26e. PLACE O building,	ER/Outpetk INJURY my, Year) F INJURY — etc. (Specify) my knowled;	ant 3 DOA 26b. TIMI BNJ At home, farm, s	26 OTHER: 4 Nursing H E OF 28c. URY M 1 [identification of the time, defined at the time.	PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO	PERFOI Theck only one) 6 Other (Specify) 26d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, Stete)	NJURY OCC	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO SURED or Rural Route Number,
ED BY PHYSICIAN: MEDICAL	that Initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL ET MINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation in Medical Investigation in	HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, D) 25e. PLACE O building, VSICIAN: To the best of inver: On the best of a:	ER/Outpetk INJURY my, Year) F INJURY — etc. (Specify) my knowled;	ant 3 DOA 26b. TIMI BNJ At home, farm, s	26 OTHER: 4 Nursing H E OF 28c. URY M 1 [identification of the time, defined at the time.	PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO	PERFOI Theck only one) 6 Other (Specify) 26d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, Stete)	NJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Rural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	That Initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not 1 detarmined 29a. CENTIFIER (Check only 1 CERTIFYING PH	HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, D) 25e. PLACE O building, VSICIAN: To the best of inver: On the best of a:	ER/Outpetk INJURY my, Year) F INJURY — etc. (Specify) my knowled;	ant 3 DOA 26b. TIMI BNJ At home, farm, s	26 OTHER: 4 Nursing H E OF 28c. URY M 1 [identification of the time, defined at the time.	PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO	PERFOI Theck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, Stete) a to the cause(a) and main a time, data and place, and	NJURY OCC	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO SURED or Rural Route Number,
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE (

Sterling,

31. DATE FILED (Month, Day, Year)
JUL 28 '93

	FOR STATE REGISTRAR	STATE OF MARY			MENT OF H		MENTAL HYG			20114
	1. DECEDENT'S NAME (First, Middle, Last)		OLI	1111110	AIL OI	DLAIII	2. OATE OF DEAT			3. TIME OF DEATH
	1. DEGLUETT 3 TAME (First, Micros, Last)	CALVIN E	E. M	IARSH	, JR	•	July 2	DAY	YEAR	7:47 P. M
	4. SOCIAL SECURITY NUMBER	5, SEX 6. AGE	(In yrs. lest b	birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7 OATE OF BIRT	Н	8. BIRTH	PLACE (State or Foreign
	220-26-3638		69	YRS.	NTHS DAYS	HOURS MIN.	July 28			ryland
	9a. FACILITY NAME (If not institution, give str	reet and number)		96		R LOCATION OF DE		9c. COU	NTY OF D	EATH
TOT	Home - 4 Wynfall	Avenue			Cı	risfield	, MD		Some	rset
8	10a. STATE 10b. COUNTY			10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY
E	Maryland Son	merset			C	risfield				LIMITS? 1 X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 4 Wynfall Avenue				10f.	ZIP COOE 2181"	7	10g. CIT		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO		If yes, spe	ENOENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	n, Puerto Ricen, et			- American Indien, Whita, atc. White
		W. W. II	I constitue		<u> </u>					WIIICC
	15. DECEDENT'S EOUC (Specify only highest grade		(Give	EDENT'S USI thind of work To NOT use re	UAL OCCUPATION Of done during modelined	N st of working	16b. KINO O	F BUSINESS/IN	DUSTRY	
COMPLETED	Elementery/Secondary (0-12) Grade 4	College (1-4 or 5 +)		erman			Se	afood		
N N	17. FATHER'S NAME (First, Middle, Lest)		wat	CLINA		16 MOTHER'S NA	ME (First, Middle, M			
8	Calvin E. Marsh,	Sr.					ie Brads	,		
BE	19a. INFORMANT'S NAME (Type/Print)		105	MAILING AD	DRESS (Street a				n Code)	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as 10 a,b,c,d,e,f,g										
	20s. METHOO OF DISPOSITION 07_ 12 Burial 2 Cremation 3 Ramo		0b. PLACE OI	F OISPOSITION		netery, crematory or		oc. LOCATION —	City or To	wn, Stata
	1 Burial 2 Cremation 3 Ramo	Wal from State	other place	(0)		al Park				d, MD
	21. SIGNATURE OF FUNERAL SERVICE LSC	ENSEE 1	1		24 11 14 15	ID ADDRESS OF FA				
	Robert H. Bra	dshaw, Jr	yes			haw & Son . Main S				21817
	23. PART I. Entar the diseases, or c shock, or heart failure. I			th. Do not	antar the mo	da of dying, auc	h as cardiac or	respiratory sr	rest,	Approximata interval Batween
	IMMEDIATE CAUSE (Final									Onset and Death
	disease or condition resulting in death)	. Acute M.								Instant
_		OUE TO (OR AS	A CONSEQU	JENCE OF):						
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQU	JENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	£								
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQU	JENCE OF):						
崩		1								
	PART ii. Other significant condition	s contributing to death	but not re	sulting in 1	the undarlying	g cause given in		AS AN AUTOPSY ERFORMED?	24b	WERE AUTOPSY FINDINGS
2								ES 2 XNO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								The second		1 YES 2 NO
2							_			
A	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF OEATH (Ch	eck only one)			
SIC	EXAMINER? 1 TYPES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	rtpatient 3		THER:	e 5 💢Reeldence	8 Other (Specif	fy)		
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28a. OATE OF INJURY		286. TIME C	0F 28c. INJ	URY AT	28d. DESCRIBE		CURED	
	1 Natural 5 Pending	(Month, Day, Year)	′ I	INJUR		YES 2 NO				
ED BY	2 Accident anvestigation 3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF INJUI building, etc. (Sp	RY — At homoecify)	ne, farm, stre	et, factory, offic	•	28f. LOCATION (City or Town,		or Rural F	Route Number,
ET										
COMPLET	one)	CIAN: To the best of my kno								
Ö	2 X MEDICAL EXAMINE	R: On the basia of examinat	tion and/or in	westigation,	in my opinion, c	leath occured at the	time, data and pla	ace, and dua to t	The cause(s	a) and manner as stated.
	296. SIGNATURE AND TITLE OF CHIPPE	1///	//			29c. LICENSE NUI	MBER	29d. DA	TE SIGNED	(Month, Day, Year)

M.D. - 320 W. Main St. - Crisfield, MD 32. REGISTRAR'S SIGNATURE

hie Davidson-Randalle

10214

DHMH-16 Rev 1/89

July 26, 1993

THE Street Com S.

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13.

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FOR
STATE
REGISTRAR

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART		HEALTH AND	MENTAL HYGIEN REG. NO	_	0 20170
1. PECEDENT'S NAME (First Middle, Li	gast	<u> </u>	DAIL OI	DLAIII	2. DATE OF DEATH		3. TIME OF DEATH
Harold War	hield - McCro	ine. Sr.				1993	11:00 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	Lat	BIRTNPLACE (State or Foreign
215-09-8915	1 M 2 □ F 7	g YRS.	ONTHS DAYS	HOURS MIN.	Oct 30 191	4 M	aryland
9a. FACILITY NAME (If not institution, g	ive street and number)	9	b. CITY, TOWN	OR LOCATION OF C		9c. COUNTY	
Washington Adver	itist Hospital		Takomo	a Park		Mont	gomery
RESIDENCE OF DECEDENT		10c CITY	TOWN OR LOCA	TION			
1 20 00 cm	ctin	100. 011,					10d. INSIDE CITY LIMITS7
10e. STREET AND NUMBER	un		Palm (OH. ZIP CODE		10a CITIZEN	1 YES 2 NO OF WHAT COUNTRY?
2506 S.W. Egres	t Pond Circle			*34990			d States
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, Whita, atc.
1 Never Married 2 Married	FORCES? 1 YES	DATES 2 THO	It yes, s	pecify Cuban, Mexic S 2 XXNO Speci	an, Puarto Rican, stc.) fy:		Black, White, atc. Specify:
3 Widowed 4 Divorced				<i>XX</i>			white
15. DECEDENT'S (Specify only highest g		16a. OECEDENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPAT rk done during m	ION lost of working	16b. KIND OF BUS	SINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)				E. a. fores	4 in = 0	00011100
17. FATNER'S NAME (First, Middle, Last)	4 Plus	Self-En	uproyec				ales/Manufactur
John R. McCrone.					AME (First, Middle, Meiden LNCE L. Dix		
19a. INFORMANT'S NAME (Type/Print)	J. C.	19b. MAILING AI	DDRESS (Street		Route Number, City or Town		
Elizabeth C. McC	Crone						y, Fla. 34990
20a, METHOD OF DISPOSITION	20	D. PLACE AND DATE OF	DISPOSITION (A	lame of	0ATE 200 10	CATION - CITY	or Town State
4 Donation 5 Other (Specify)	lemovat from Stata	metery, crematory or othe パパパスタン (omotor	07-3	1+93 An	nanali	s, Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	NO ADDRESS OF F	CILITY John M	Taulo	r Funeral Home
Amay Onl of	1 ters tier		147 1	Puke of G	Rouceston	St Ani	rapolis, MD
23. PART I. Enter the diseases,	or complications that cause	d tha death. Do not	anter the m	ode of dylng, au	ch as cardiac or resol	ratory arrest	Approximata
snock, or naart failu	re. List only one cause on	each line.		out aying, ac	Penetran	intory arrest,	Intarval Between
IMMEDIATE CAUSE (Final disease or condition	a GASTROINTE	SERVEN RI	ter me	2 26 1	Verdon 1 18	Too.	Onset and Death
resulting in death)		A CONSEQUENCE OF):	CCOMPC	7 7 9	umper les	LET	101145
	b. Gronananan Due to for as	Hery bypa	in su	MEN AS O	unteble an	ulua.	AAve
Sequentially list conditions, if any, leading to immediate					0		7.73
cause. Enter UNDERLYING CAUSE (Disease or injury	c. SULLIU GO OUE TO (OR AS	roney au	thy de	une			SAYE.
that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):	11.	· la ·	1		VENDE
	d. MINESOSCE	MOTIC CON	rayova	ound 4	islan.		1 SHES.
PART II. Other algolificant conditions	tiona contributing to death i	but not resulting in	the underlyin	ng cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
					PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE
						7	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATH (C/	neck only one)		
1 - YES 2 NO	1 Inpetient 2 ER/Out		THER:	ne 5 🗆 Rasidence	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		JURY AT DRK?	28d. DESCRIBE NOW II	VJURY OCCURE	O
2 Accident Investigation				YES 2 NO			
3 Suicide 8 Could not 4 Nomicide determined		f — At home, term, stre	et, factory, offic	Ce	281. LOCATION (Street a City or Town, State)	nd Number or Ri	ural Route Number,
(Check only	INSP: On the best of my know						
	IINER: On the basis of examination	m and/or investigation,	in my opinion,	seath occured at the	time, data and place, an		
29b. SIGNATURE AND TITLE OF CERTI	111	20		29c. LICENSE NU	MBER 2 2 0	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	Manu r	no		0740	044	11	29/93.
DEVENDOA 11 AM	n/N MA 2001	HOCOLEAL AND	nn) 0146 /	HAD2	Cularial		20.200
31. DATE FILED (Month, Day, Year)	32 REGISTRADIS CION	MATURE	INC, KA	11/17/5,	CHEVERLY.	mo «	013.
41.14 0 0	93 Juha Dandso	n-Asndaka					
001003	77 7 200						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pose filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
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9

30. NAME AND ADDRESS OF

Boyd, M.D.

James C.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Conardtown, Maryland

93 23176 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2, DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Robert Merican July 17, 1993 6:30 P 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Country) 099 18 4734 DAYS HOURS 1 💢 M 2 🗌 F 66 YRS. 10/15/26 NEW YORK Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Mary's Hospital Leonardtown St. Mary's RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ALLEGANY **FROSTBURG** TY YES 2 - NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 59 TARN TERRACE 21532 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WARDOR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, atc. 1 Never Merried 2 Marri If yes, specify Cuben, Maxican, Puerto Ri ΒY 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced & KOREAN WHITE WW COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) U.S. PARK POLICE & CHIEF OF POLICE FROSTBURG STATE UNIV. SECURITY once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ HERMAN MERICAN MARGARET RYAN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 MRS. ROBERT MERICAN 59 TARN TERRACE, FROSTBURG, MD 21532 pe 20a. METHOD OF DISPOSITION

W. Burlal 2

Cremetion 3

Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 4 ☐ Donation 5 ☐ Other (Specify) 7/21 FROSTBURG, MD 21532 MEMORIAI PARK examiner H. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P.A. W. MAIN ST FROSTRURG, MD 21532 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or reepiratory arrest, Approximete ahock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition zutr reaulting in death) event. DUE TO (OR AS A COR traumatic CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 50 Injury, PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL WERE AUTOPSY FINDINGS ашу AVAILABLE PRIDR TO COMPLETION OF CAUSE 1 TES 2 NO DE DEATH? Shows 1 YES 2 ND 23 ppt 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 2 6 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 86. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending investigation 1 YES 2 NO ВУ 28e. PLACE DF INJURY — Al home, farm, street, factory, offica building, alc. (Specify) 3 Suicide 69 ETED. 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) after 28 4 Homicide Hem 29a. CERTIFIER
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(Ch COMPL 2 MEDICAL EXAMINER An the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29h, SIGNATURE AND TITLE OF CERTI 29d. DATE BIGNED (Month, Day, Year)

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I	MARYL					EALTH AND	MEN	TAL HYGIEI				
1. DECEDENT'S NAME (First	, Middle, Last)	L.				M	os	ER	M	ATE OF DEATH		93	3. TIME OF E	
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE	(In yrs. las	t hirthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	_	ATE OF BIRTH	, 13		IPLACE (State of	_
235-28-37	0.6	1 M 2X F	l .	78			AYS	HOURS MH.	(A	Aonth, Day, Year)	01/	Count	ry)	or Poreign
9a. FACILITY NAME (If not in				70		D 0177 70	Mama c	OR LOCATION OF DE		et. 8,		W.		
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RESIDENCE OF DEC	_	CUI				Cuilli	Je.	Liand			A.	1109	any	
10a. STATE	10b. COUNTY	1			10c. CITY,	TOWN OR L	OCAT	TON					10d. INSIDE	CITY
W. Va.	Morga	an			Davi	Darr							LIMITS?	
10e. STREET AND NUMBER		a11			Paw 1	aw	100	. ZIP CODE			1 40 - 017		1 (X) YES 2	
1 7 1		D 0 D		^ 7									WHAT COUNTR	¥7
1 Robert Str	reet	P. O. Bo				1	_	25434				S.A.		
1 Never Married 2 🖔	Married	FORCES? 1	YES	2 V N	MED IO	13. WAS	B DEC	ENDENT OF HISPAI ecify Cuban, Maxica	NIC OR	IIGIN? (Specify Ye irto Rican, atc.)	s or No-	14. RACI Blac	E — American k, White, stc.	indian,
3 Widowed 4 Divo		IF YES, GIVE V	MAR OR D	ATES				2 X NO Specif				Spec	White	
15. DEC	EDENT'S EDUC y highest grade	CATION			CEDENT'S U					16b. KIND OF BU	SINESS/IN		white	
Elementary/Secondary (0		College (1-4 or 5	+)	lile.	Do NOT use	retired.)	ng mo:	st or wonung	- 1					
Unknown				Cle	rical					Winches	ter	Sani	tary D	airv
17. FATHER'S NAME (First, M	liddle, Last)							18. MOTHER'S NA	ME (FI			- 411.2	/	
Melvin Power	re							Minnie			,			
19a. INFORMANT'S NAME (7				198	MAILING A	DDRESS (St	reaf a	nd Number or Rural			em Ctata 70	n Codel		
Robert K. Mo	2001			- 1				Paw						
20a. METHOD OF DISPOSIT			201		ND DATE OF					DATE 20c. LC				
1 SpBurial 2 Crematic	n 3 🗆 Reme	oval from State	cen	netery, cres	metory or othe	r plece)								
21. SIGNATURE OF FUNERA		ENGEE		Sale	m Ceme			7-2			lanes	vill	e, W.	Va.
	4	5 5						r Funera						
The .	71 1	in						aw. W. V						
23. PART i. Enter the di	seesea, or c	omplications that	t ceuse	the de	eth. Do not	enter the	mo	de of dying, auc	h aa c	cardlec or resp	iratory ar	rest,	Approx	imate
shock, or he IMMEDIATE CAUSE (Fir	eart failure.	List only one cet	Jse on e	ech line									Interva	Batween
diseese or condition	1885	Con	246	_] [1114	1/20	,						Onset	and Death
resulting in death)		DUE TO	OR AS A	TONSEC	UENCE OF:	VA	L	164					-	
		502 10	(OII AG A	PONSEC	DENCE OF J.									
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if any, leading to imme- cause. Enter UNDERLY		-	(011110)		ocitoc orj.								i	
CAUSE (Disease or inju		DUE TO	OR AC A	COMPEG	UENCE OF):								-	
thet initiated events resulting in desth) LAS	т П	502 10	(ON AS A	CONSEG	OENGE OF):									
2011-2-407		d										_		
PART II. Other aignifice	nt condition	contributing to	deeth b	ut nøt re	suiting in	the under	lying	cause given in	Part i	. 24a. WAS AN	AUTOPSY	24b	. WERE AUTOPS	Y FINDINGS
the	2 11	and !	Fan	sle	1			2 70 (4 25) 4 (40)		PERFO	RMED?	1	AVAILABLE PRI	OR TO
			1						_	1 TYES	NO		OF DEATH?	Dr GAUSE
													1 YES 2	MO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				THER:	6. PL	ACE OF DEATH (Ch	eck onl	y one)				
1 TES 2 JNG		1 Impatient 2	ER/Outp	etlant 3			Home	5 🗆 Realdence	8 🗆 0	Other (Specify)				
27. MANNER OF DEATH		28e. DATE OF (Month, D			28b. TIME (. INJL	JRY AT RK7	28d.	DESCRIBE HOW	NJURY OC	CURED		
	Pending Investigation					M 1	□ Y	ES 2 NO						
3 Suicide 8	Could not be	28a. PLACE O	F INJURY	- At hor	ne, term, stre	et, factory,	office		28f. I	LOCATION (Street	and Numbe	or Rurel F	Route Number,	
	determined		_ to topot						\ \ \	City or Town, State	,			
29a. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of	my know	ledge des	ith occurred	at the time	deta	and plane, and di-	to the	anneda) == 4				
one)	CAL EXAMINE	4						and place, and due					A === 4 ==	
	7	4			gettori,	my upitin	-11 ₁ W			Jaca and place, 81				
296. SIGNATURE AND TITLE	# GERTIFIER	MAN.	_					D14965	WBER		29d. DAT	E SIGNED	(Month, Day, Ye	nar's

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Dr. R. Barrera Memorial Hospital

31. DATE FILED (Month, Day, Year)

Medical Building Cumberland 1502

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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within anours after death. Page 6 may be in	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	cremati
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	1 - STATE REGISTRAR	STATE OF MARYLANI		TMENT OF H		MENTAL HYGIEI REG. NO		3 22170		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YEA	3. THE OF DEATH O		
	HARRY 4. SOCIAL SECURITY NUMBER	E.		NEENA	, 01.	07 24	1993	9:42 A M		
	2!7-数 46-3577	5. SEX 6. AGE (In yrs	. VDQ	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign nuntry)		
	9a. FACILITY NAME (If not institution, give a	21	14 1113.	9b. CITY, TOWN O	OR LOCATION OF DE	10-3-48	9c. COUNTY O			
CTOR	UNIVERSITY HO				MORE CI			MORE CITY		
REC	10a. STATE 10b. COUNT		10c. CITY	, TOWN OR LOCAT	TION			10d. INSIDE CITY		
ā	MD Anne	e Armandel	Se	verna Pa	ark		1 TYES 2 THE NO			
RAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?		
FUNER	517 Charington (12. WAS DECEDENT EVER IN U.S.	AGMED	12 988 050	21146	NIC ORIGIN? (Specify Y	USA	105		
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp		n, Puerto Rican, etc.)	es or No- 14. RACE — American Indian, Black, White, etc. Specify: White			
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a Completed) College (1-4 or 5+)		USUAL OCCUPATION done during money retired.)		16b. KINO OF B	JSINESS/INDUSTR			
릴			Certif	ied Pub	lic Acct	Acco	unting			
COMPI	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
BE	Harry 19a. INFORMANT'S NAME (Type/Print)	E. Nee	nan, S		Viola	Route Number, City or To	una Phaha Zia Cada	Gast		
임		Veenan				Severna_Pa				
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	000 000	CEANDDATEO	F DISPOSITION (No			DCATION - City o			
	4 Donetion 5 Other (Specify)	Hol	y Cros	s Cemete			ooklyn,	MD		
	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AI	ND ADDRESS OF FA		95 Pi+cl	nie Hwy.		
	23. PART / Enter the diseases, or o	duran	5	Barrar	co Funei	cal Home S	everna 1	Park MD 21146		
NC	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
AL CI	PART II. Other algolificant condition	a contributing to death but n	ot resulting is	n tha underlying	g cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS		
100 I						1 _ YES	1	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDIC						INSP	ECTION	1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00.00	105 05 051711 00					
SICI	EXAMINER? 1 ☐ YES 2 ☐ NO	HOSPITAL: 1 Inpetient 2 ER/Outpetien	4 3 DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)				
Ĭ.	27. MANNER OF DEATH	28a. DATE OF INJURY FO			URY AT	28d. DESCRIBE HOW	INJURY OCCURED)		
BY F	1 Natural 5 Pending 2 Accident Investigation	07/24/93	8:1	. M	PRK? YES 2- NO	SELF IN	FLICTE	D GSW		
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY A building, atc. (Specify)	t home, farm, at	treet, factory, offic	•	281. LOCATION (Stree City or Town, State	and Number or Ru	rel Route Number,		
Ĕ,		517 CHART	NGTON	COURT		SEVERN	MARYLA	ND 21146		
COMPLET	one)	CIAN: To the best of my knowledge						se(a) end manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	lokell	0		O . C . M			NED (Month, Day, Year) 25 / 1993		
	30. NAME AND ADDRESS OF PERSON WH LARON LOCKE M	.D. 111	Penn :		, Balti	more, Ma	ryland	21201		
	31. DATE FILE (MONTH) 09 1993	32. REGISTRAR'S SIGNATUR	Talli-							
				-						

-	-	P.	
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Parhous after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the into hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal:

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		C	ERTIF	ICATE	OF I	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
DELORES	J.		NYC				July	25		993	10:25a
4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. las		IF UNDER t		IF UNDER 24 HRS.	7. DATE OF (Month, D	lay, Year)		8. BIRTH Countr	PLACE (State or Foreign
217-28-9602	1 🗆 M 2 🔀 F	<u>60</u>	YRS.					06-19		MD	
9e. FACILITY NAME (If not institution, give						LOCATION OF DI	EATH		9c. CO	UNTY OF D	EATH
Memorial Hospita RESIDENCE OF DECEDENT 10e. STATE MD A	11			Cum	berl	Land				A11	egany
10e. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR	LOCATIO	ON					10d. INSIDE CITY
	Llegany		Cumberland								LIMITS? 1 TYPES 2 NO
10e. STREET AND NUMBER		· · · · · · · · · · · · · · · · · · ·			_	ZIP CODE			10g. Cl	TIZEN OF V	VHAT COUNTRY?
26 Clement Str	reet					21502				USA	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	MED			NDENT OF NISPAR			or No-	14. RACE	— American Indian, , White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAT	OR DATES				2 XNO Specifi		iri, etc.)		Speci	fy:
	IICATION .	Last no	000000000								white
(Specify only highest grad	le completed)	(G	live kind of v	USUAL, OCC work done dui to retired.)	ring most	of working	16b. KI	ND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			stere				Momo	ria] Hos	pital
17. FATHER'S NAME (First, Middle, Last)					-	18. MOTNER'S NA	ME (First Mirk			1108	PICCI
James W. Mi	ller						Charlo			man	
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street end	d Number or Rural I					
Mr. Carl W. N	/Cum					treet Cu					
20e. METHOD OF DISPOSITION 1 Special 2 Cremetion 3 Fee		20b. PLACE	AND DATE (OF DISPOSITI	-		OATE	_	_	- City or To	wn, State
4 Donation 5 Other (Specify)	HOVEL HORE STEELS	Suns	et Me	emoria	al P	ark	7-28		lumbe	erlan	d, MD
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		.11	22. NA	AME AND	ADDRESS OF FA					
Janos 1	- dle	210	111			pelli F			e		
23. PARTAL Enter the diseases, or	complications that	coused the de	eth. Do r	Dt enter th	he mode	erland,	h as cerdisc	Dr resoir	ratory a	rrest.	Approximate
ehock, or heart fallure.	Liet only one ceuse	on which line	. /	1							interval Between Onset and Deat
disease or condition	Ser	1515	. {	nov	ΛM	onh.					Oliset sild Deat
resulting in death)	DUE TO (O	R AS A CONSE	QUENCE 9		2	10.0	112				
	· Cav	rdid	al	7	80,	may!	h's	,			
Sequentieily list conditions, if sny, lesding to immediate	DUE 10 (0	AS A CONSEC	DUENCE OF	7:	1)						
ceuse. Enter UNDERLYING CAUSE (Disease or injury	c	evvry	K S	200	۵.						
that initiated events resulting in deeth) LAST	O) Of BUG	AS A CONSEC	DUENCE OF	00	Co.	Lan	90	v Ma	160	(00)	
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PART II. Other significant condition	ne contributing to de	eth but not r	esuiting i	n the unde	eriying	cause given in	Part i. 24	n, WAS AN		24b.	WERE AUTOPSY FINDINGS
							1	PERFORI	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								60 1			OF DEATN? 1 YES 2 NO
							_				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF DEATN (Ch	eck only one)				
1 YES 2 NO	HOSPITAL: 1 □ Inpatient 2 □ E	R/Outpetient 3	□ DOA	OTHER:	g Nome	5 Residence	8 Other (S	pecify)			
27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIM	E OF 28	8c. INJUF		28d. DESCR	BE NOW IN	JURY OC	CURED	
1- Netural 5 Pending 2 Accident Investigation						S 2 NO					
3 Suicide 8 Could not be	28e. PLACE OF I building, etc	NJURY — At ho	me, farm, s	treet, factory	y, office		281. LOCATIO	ON (Street al	nd Numbe	r or Rural A	oute Number,
4 Homicide determined								, 5.6(0)			
290. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of m	knowledge, de	ath occurre	d at the time	e, date ar	nd place, end due	to the cause(end men	ner ee ats	ited.	
2 MEDICAL EXAMIN	ER: On the basis of exar										and menner se stated.
296 SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NUN					th, Day, Year)
	1					D 233	71		•	7/25	163
30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUSE	OF DEATN (ITE	М 27) (Туре,	Print)			-			1	112
Qamar Zaman M.D.	Suite 102	625 K	ent A	ve. (Cumb	erland,	MD 2	1502			
31. DATE FILED (MODIF) (NY) 7 19	32. REQUIRARY	S SIGNATURE		220						 .	
GOF 12 (13)	20	-	Married	-Ov							

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. If or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P. hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att	X TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use	be hied within 72 hours after death with the State Dept. of Health and Memal Hyghene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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REGISTRAR		CER	TIFICAT	E OF	DEATH	REC	. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	тн	1222	3. TIME OF DEA	ATN
EMMA W	ERGINIA		NORRI	S		July 2	5. 19	Q Q	4:00	ри
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birt		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	N.	6. BIRTI	IPLACE (State or I	
214-07-5961	1 🗆 M 2 💢 F	89 Y	res. Months	0.5	HOURS MIN,	(Month, Day,) MARCH 7	1904	MAR	YLAND	
9a. FACILITY NAME (If not institution, give Memorial Ho			77		on Location of Di	EATN	9c. (Alleg		
RESIDENCE OF DECEDENT	TY	10	c CITY TOWI	1001004	TION					
	LEGANY		10c. CITY, TOWN OR LOCATION CUMBERLAND					10d. INSIDE CITY LIMITS? 1 Tes 2 No		
100. STREET AND NUMBER BOWLING STREET 11. MARITAL STATUS 1 Never Married 2 Married	BOWLING	GREEN		10	21502			U.S.A	WHAT COUNTRY?	
3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	1	If yes, sp	ENDENT OF NISPAI ecity Cuban, Maxica 2 J. NO Spect	in, Puerto Rican, e	ify Yes or No	- 14, RACI Blac	E — American Inc k, Whita, etc.	llen,
15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Lest)	de completed)	(Give ki	ENT'S USUAL ind of work don NOT use retired	e during me	ON ost of working	16b. KIND (F BUSINESS	S/INDUSTRY		
1 2	College (1-4 or 5+)	0.000			OF AMERI		ILK/M			
DAVID LINN						ME (First, Middle, A ETH R. S		,		
198. INFORMANT'S NAME (Type/Print) CHARLES F. NORR	I S				LACE, LA				12	
209 METHOO OF DISPOSITION		20b. PLACE AND D						N — City or To		
4 Donation 5 Other (Specify)	moval from State	SUNSET	CEMETE	RY J	ULY 28 19				MARYLAN	JD
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1	2	NAME A	ND ADDRESS OF FA	CILITY			THILLIAM	TD .
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ehock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUEN	ICE OF):	[] ·	ull	ta	<u></u>		Interval E Onset an	
PART II. Other algorificent condition	one contributing to de	eth but not reeul	iting in the	underlyin	g ceuse given in	PI	AS AN AUTOF ERFORMED? ES 2 NO	1	WERE AUTOPSY I AVAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2	CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Accident Investigation	T			00.00	ACE OF PEATH (O)					
EXAMINER?	HOSPITAL:	VOutpatient 3 🗆 D	OTH	R:	ACE OF DEATH (Ch					
27. MANNER OF DEATN	28a. DATE OF INJ		b. TIME OF	28c. INJ	e 5 Residence	€ ☐ Other (Specification 28d, DESCRIBE I		OCCUPED		
19 Netural 5 Pending Investigation	(Month, Day, 1	(bar)	INJURY M	WC	PRK? YES 2 NO	BOO. BEOOMBE		OCCORED		
• • • • • • • • • • • • • • • • • • • •	id not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	SICIAN: To the best of my) and manner as	stated.
			-		29c. LICENSE NUM				(Month, Day, Year)	
20 NAME AND ADDRESS OF BERNA	toe	1			D 12779		•	71	27/9	2
30. NAME AND ADDRESS OF PERSON W Dr. Guy Fiscus	Memorial I			a1 R	ldo Cumi	perland	MD	21502		
31. DATE FILED (Month, Day, 16ar) JUL 28 199	32. MIGGISTRARIO	SIGNATURE	LAC.	GI D.	Lug. Culli	Jerranu,	TID	21302		

		FOR
1	-	STATE
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1. DECEDENT'S NAME (First,	Mickle Leat								a DATE	E OF DEATH			3. TIME OF DEATH
C. Kenneth O					8.				MONT		19	993	2350
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In y	yrs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRT	HPLACE (State or Forei
454 10 8844		1 M 2 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Nev	th, Day, Year) 15 19	80	Tex	
So. FACILITY NAME (If not ins					9b. CITY	Y, TOWN (OR LOCATH	ON OF DE	EATH		9c. COI	UNTY OF	DEATH
Calvert Me	emoria	1 Hospit	al		Pr	cince	Fre	deri	ick		Ca	alver	ct
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415 Dogwood	Driv	12. WAS DECEDER	AT FUED IN II	A ADIATO	1 40			657					
1 Never Married 2 🔀 I 3 Wildowed 4 Divor	-7.7.76	FORCES?	YES :	2 NO		If yes, sp		n, Mexica	in, Puerto	N? (Specify Yee Rican, etc.)	or No-	14. RAC Blac Spec	E — American Indian, ik, White, etc. city:White
15. DECE	DENT'S EDUC	CATION	.16	Se. DECEDENT'S					16	b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-	highest grade	College (1-4 or 5	+)	(Give kind of life. Do NOT o	work done use retired.)	aunng mo	st of workin	g					
12		2		onsulta	ant &	Exe	cuti	ve		Oil Co	mpan	ıy	
17. FATHER'S NAME (First, Mic	idle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Malden	Surneme)		
Ellis A. Ove	erton				200		Му	rtle	Mo1	rgan			
190. INFORMANT'S NAME (Ty	pe/Print)			19b. MAILIN	G ADDRES	SS (Street a	and Number	or Rural	Route Nun	nber, City or Tow	n, State, Z	ip Code)	
Mary Lou Ove	erton			same	as #	‡10							
20a. METHOD OF DISPOSITION 1 → Buriel 2 □ Cremation		mmi from State		LACEANDDATE			ame of	1.7	DA	TE 20c. LO	CATION -	- City or T	own, State
4 Donation 5 DOther			_ Wal	Lker Ch	apel	'/		7/2	6/93	Ar1	ingt	on V	irginia
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21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	\		22.	. NAME A	ND ADDRE	SS OF FA	CILITY	Raus	CH r	uner	al Home P
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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31. DATE FILED (Month, Day, Year)

BALTIMORE, MARYLAND 21203-3146	Exclours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. If on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Ibe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

IFA	ESA	A.	P	AY	NI	=		ATE OF DEATH	AY I	YEAR	2:30P
4. SOCIAL SECURITY NUMBER	5. SEX		in yrs. lest birtho	MONTH	DER 1 YEAR	IF UNDER	24 HRS. 7. DA	ATE OF BIRTH lonth, Day, Year)		Country	PLACE (State or Foreign
213-24-4216	1 □ M 2 🖳 F	76	YF	is.		II.OOMS	0C	t. 12,	1916	Mai	ryland
se. FACILITY NAME (If not institution, g Edw. W. McCready RESIDENCE OF DECEDEN:	Memorial	Hospi	tal	9b. Cf		field	ON OF DEATH		9c. COUNT	mers	
10a, STATE 10b. CO	·		100	CITY, TOW							10d. INSIDE CITY LIMITS?
Maryland	Somerset	•		Cr	isfi	eld					1 YES 2 NO
10e. STREET AND NUMBER					10	H. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
1 Plum Street							21817				USA
11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 TYES	2 NO	1	If yes, sp		F HISPANIC OR n, Mexican, Pua Specify:	IGIN? (Specify Ye rto Rican, atc.)	e or No-	14. RACE Black Specifi	- American Indian, White, etc.
31.									1		while
15. DECEDENT'S (Specify only highest)			16a. DECEDE	NT'S USUAL of of work dor 'OT use retired	occupation during me	ON ost of workin	g	16b. KIND OF BL	JSINESS/INDL	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or	5+)	Health					Dent o	f Soci	a1 (Services
Grade 5			Hearti	LCare	: LIO	,				Lai I	Det Arces
17. FATHER'S NAME (First, Middle, Last	0					1177		st, Middle, Maider	n Sumame)		
Richard Nock		<i>a</i> ,					rtle M				
19a. INFORMANT'S NAME (Type/Print)	(~)							lumber, City or To			7
Charles J. Payn			547	MeTT1	ingto	n Ka.	- Cri	sfield,		2181	
20a. METHOD OF DISPOSITION OF 1 St Burlal 2 ☐ Cremation 3 ☐	7-29-93 Removal from State	20b.	other place)	SPOSITION	(Name of ce	metery, crem	natory or		OCATION — C		
4 Donation 6 Other (Specify)		_ Su	nnyrid						Crisfi	eld	MD
Robert H. B	Bead	laug	/	2	Brad	shaw	& Sons	, Main	St.,	Cris	(21817 field, Md.
23. PART I. Enter the diseases,	or complications ti	hat caused									Approximate
shock, or heert fell IMMEDIATE CAUSE (Finel	ure. List only one c	suse on es	och line.	1	n	1					Interval Betwee
disease or condition		(au	rol	0	Du	mi	mar	46	Gress	A	Dont
resulting in death)	8	O (OR AS A	CONSEQUEN	CE OF):		, ,	<	1		V	a con-
							ì	d			
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	bDUE 1	TO (OR AS A	CONSEQUEN	CE OF):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE 1	TO (OR AS A	CONSEQUEN	CE OF):							
	d										
PART II. Other aignificant cond	ditions contributing	to death b	ut not result	ting in the	underlylr	ng ceuse g	given in Part		N AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDING
								1 TYES			COMPLETION DF CAUSE OF DEATH?
											1 TYES 2 NO
25. WAS CASE REFERRED TO MEDIC	AL				26. F	PLACE OF D	EATH (Check on	ly one)			
EXAMINER?	HOSPITAL:	ER/Outp	etlent 3 X	OA 4 1		me 6 🗆 Re	esidence 6 🗆	Other (Specify)			
27. MANNER OF DEATH	28a. DATE		281	. TIME OF	28c. IN	JURY AT		DESCRIBE HOW	INJURY OCC	URED	
1 Natural 5 Pending		, Day, Year)		INJURY M		YES 2	NO				
2 Accident Investiga 3 Suicide 6 Could no 4 Homicide determin	ot be 28s. PLACE building	OF INJURY 19, etc. (Spec	— A1 home, f	arm, street, :	factory, offi	ice	281.	LOCATION (Stree City or Town, State		or Rural F	loute Number,
											=
29a, CERTIFIER							and below the latest			4.5	
(Orlown orly)	PHYSICIAN: To the best) and manner as stated.

12764 > 7/26 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. M. D. Barhan, Rt. #413, Crisfield, Md. 21817 32. REGISTRAR'S SIGNATURE whie Devidson-Randelle DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		ERTIF	ICATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH MONTH DA	V VE	3. TIME OF DEATH
	VINCENT	POPALO			JULY 18,	1993	04:45 M
	4. SOCIAL SECURITY NUMBER 214–12–3391	5. SEX 6. AGE (In yrs. Is	MONTHS DAYS HOURS MIN.				BIRTHPLACE (State or Foreign Country) Md
~	9a. FACILITY HAME (If not institution, give			9b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY ALLEG	OF OEATH
DIRECTOR	SACRED HEART HOS	PITAL		CUMBERLAND, M		ALLEG	ANI
E C	10a. STATE 10b. COUNT	Υ	10c. CIT	TY, TOWN OR LOCATION			10d. INSIDE CITY
듬	Md. Alle	gany	,	Frostburg			LIMITS?
A	10e. STREET AND NUMBER	5		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER	11115 Parke	rsburg Road		21532	1	TT	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AI	RMED	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica		or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES W. W. 2		1 TYES 2 NO Specifi			Specify: White
ED	15. DECEDENT'S EDU	JCATION 16a. DI	ECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUS	IHESS/INDUST	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		Give kind of a. Do NOT u	work done during most of working se retired.)	1313 453 4.405		
MP	11	Cu	stodi	ian	Church	Buildi	ings
00	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden		
BE	Joseph Popa			Mai	cy Osage		
9	19a. INFORMANT'S HAME (Type/Print)	1		AOORESS (Street and Number or Rural I			
	Rita Popalo 20a_METHOD OF DISPOSITION			Parkersburg Rd			
1	1 Donation 5 Other (Specify)	noval from Stata cemetery, cri	ematory or o	other place)			or Town, Stata
ì	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE /	awn I	1emorial Gardens 22. NAME AND ADDRESS OF FA	CILITY	Vale,	Md.
	* John F.	Hom		Durst Funera	1 Home Fr	costhur	a Md
	23. PANY L Enter the diseases, or	complications that caused the d	eath. Do				
	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition	List only one cause on each line	0.			,	Interval Between Onset and Death
ļ	resulting in death)	a. acute ser	QUEHCE	FI:			1 day
z		CVA	,				1 des
6	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A COHSE	QUENCE O	F):			
2	CAUSE (Disease or Injury	C. DUE TO (DR AS A CONSE					2 days
Ē	that initiated events resulting in death) LAST	DUE TO (DR AS A COMSE	QUENCE D	r);			
S		d					
DICAL CERTIFICATION	PART II. Other algnificant condition	ie contributing to death but not	rasulting	In the underlying cause given in	Part I. 24a. WAS AH / PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă					1 YES 2	0116	COMPLETION OF CAUSE OF DEATH?
ME					_		1 TES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						
2	EXAMINER?	HOSPITAL:		28. PLACE DF DEATH (Che			
¥	27. MANHER OF DEATH	1 € Inpatient 2 □ ER/Outpatient 3	28b. TIM	4 Hursing Home 5 Residence IE OF 28c. INJURY AT	8 Other (Specify) 28d. OESCRIBE HOW IH	HIPV COURS	
	1 Natural 5 Pending	(Month, Day, Year)	IH	WORK? M 1 YES 2 HO	zod. Vegeniae now in	JUNI OCCURE	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — At he	ome, farm,		281. LOCATION (Street as	nd Number or R	lural Route Number,
COMPLETED	4 Homicide determined	building, etc. (Specify)			City or Town, State)		
7	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge, do	ath occurr	ed at the time, data and place, and dua	to the cause(a) and man	ner sa stated	
8				on, in my opinion, death occured at the			use(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE			29c, LICENSE NUN			GNED (Month, Day, Year)
) BE	Chaque P	pre (Mi)		D09913		7/	20/93
2	36. NAME AND ADDRESS OF PERSON WH			, Print)			
	DR. MAGNO ROQUE		N DR	IVE, CUMBERLAND,	MD 21502		
2	31. DATE FILED (MOPIN 993)	The State of the S	2				

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SR.

PLUMMER

0.

2. DATE OF DEATN

JULY 15, DAY 1993 YEAR

3. TIME OF DEATH

6:23 P

		Pages 1, E. B'should
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit.

BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTIN (Month, Day, Year) 12-08-1911 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 705-09-9758 MONTHS DAYS HOURS MIN 1 XM 2 | F MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Memorial Hospital Cumberland Allegany RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allegany Cumberland 1 X YES 2 | NO FUNERAL 10a. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA 230 New Hampshire Avenue 21502 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married tf yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 XNO Specify: iours after death. Page 6 may be retained by the hospital or attending phy, d in by the funeral director, page 5 should be detached for use as the buni IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) ret. machinist Railroad unknown Once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Elizabeth (Wade) Plummer Charles H. Plummer notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 230 New Hampshire Avenue Cumberland, Md 21502 Thresa G. Plummer pe 20a. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 2011 Metrici 2 Cremation 3 4 Donation 5 Other (Specify) 718 Greenmount Cemetary Cumberland, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home filled in by the fion, or removal, Cumberland, MD 21502 medical 23. PART I. Enter the diseases, or complications thet/ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ehock, or heart failure. Liet only the cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death has been signed by the attending physician and completely filler. Dept. of Health and Mental Hygiene prior to burial, cremation, 23 shows any Injury, or other traumatic event, the disease or condition executed within resulting in death) CERTIFICATION Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury OUE TO COM that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF OFATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) FUNERAL DIRECTOR: After this certificate twithin 72 hours after death with the State MANT. If Item 28 Is marked, or Item HOSPITAL:
1 Language 1 - 1 Language 1 - 1 Language 1 - 1 Language 1 - 1 Language 1 - 1 Language 1 - 1 Language 1 - 1 Language 1 Lang OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomictde 29s. CERTIFIER 1 GENTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II EDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 2 29b. SIGNATURE AND 29c. LICENSE NUMBER 표보 D 42669 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Peter Anderson 51 Main Street Westernport, Md 21562 31. DATE FILED (Month, Day, Year)

JUL 2 1 1993 32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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deat	atte	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ę,
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that	d pa	th an	ашу
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296. SIGNATURE AND TITLE OF CERTIFIER

	FOR 1 • STATE REGISTRAR	STATE OF M	MARYLAND A	/ DEPAF ERTIF					MENTAL	HYGIEN REG. NO.	_	93	2318	35
	1. DECEDENT'S NAME (First, Middle, Last)						DER		2. DATE O		_		3. TIME OF OEATH	
	CHARLES LEWIS PA	иси							MONTH	0/		YEAR	22:00	Р "
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	PIRTH 2	1	93	PLACE (State or Fore	- "
	236-03-3991	1 🔀 M 2 🗆 F	75	YRS.	MONTHS		HOURS	MIN.	(Month,	Day, Year)		Countr	y)	ign
	9s. FACILITY NAME (If not institution, give a	met and number	/5						9_	1 - 19		Ba:	cnum, w	V
œ	SACRED HEART HOS	,					ERT.A		EATH			NTY OF D		
DIRECTOR	RESIDENCE OF DECEDENT					COLID	ENLA	ND			AL	LEGA	YY	
E I	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	_
2	MD Alle	gany		TITO	ato	rnpo	- a-t-						LIMITS?	
	10e. STREET AND NUMBER	quity		MAE	Ste.		ZIP COD	F			10a CIT	TEN OF W	HAT COUNTRY?	
FUNERAL	210 Wood St.					"					1 1			
N.	11. MARITAL STATUS	12 WAS DECEDEN	T EVED IN ILE A	MED	140	HT0 000	215					.S.A		
	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	X YES 2	NO		If yes, sp	ecify, Cube	m, Mexica	IIC ORIGIN?	(Specify Yes an, etc.)	or No-	14. RACE Black	- American Indian, White, etc.	*
BY	3 Widowed 4 Divorced	IF YES, GIVE W	World	T-7	11	1 TYES	2 ANO	Specify	/:			Speci	White	
Ω	15. DECEDENT'S EDUC	CATION		WdI ECEDENT'S	IISHAL O	CCUBATIO	N .		1405 14	IND OF BUS	111500 1111	01107001		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(0	live kind of	work done	durina mo	st of working	ng	100. K	IND OF BUS	HINE 22/IM	OUSTRY		
7	8 yrs.	College (1-4 or 5 -	· I									_		
8	17. FATHER'S NAME (First, Middle, Lest)		F(orem	an_		40 110	u a sua la co		stva		Corp) .	
		1-					l		ME (First, Mid		ŕ			
8E	Charles G. Pat	ıqn	To the						Davis					
2									Route Number,					
.	Margaret Paugh	1		210	Wood	St		West	ternr	ort.	MD	215	62	
	20e. METHOD OF DISPOSITION Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE cemetery, cre	amatanı or a	ther place!					20c. LO				
	4 Donation 5 Other (Specify)		Pot	omác	Mei	mori	lal	Gar	dens	Ke	yse	r, V	IV	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 11		22.		D ADDRE							
	William H.C	Fredla	b		\perp	31	Jone	es S	Tuner	iedm	ont	. WV	26750	
	23. PART i. Enter the diseases, or of ahock, or heart feilure.	omplications that	caused the de	eath. Do r	not enter	the mo	de of dy	ing, suci	h as cardie	c or respi	ratory en	rest,	Approximate	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)				£.								Interval Bette Onset and D	
			OR AS A CONSE										1	
S	Sequentially list conditions,		ELERIO OR AS A CONSE		ME	MOR	6911	GE.					!	
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF	F):		,							
5	CAUSE (Disease or Injury	L	A THE	Roz	CLE	ROSI	5							
Ë	that initiated events resulting in death; LAST	OUE TO	OR AS A CONSE	OUENCE OF	F):								1	
5		1												
	PART II. Other significant condition	contributing to	death but not i	reaulting	n the ur	ndarlying	1 Callea (alven In	Part I 2	Ia. WAS AN	AITMODEV	1 245	WEDE AUTODOX ENIO	
5			1960 27 000			ioutry ing	, cadou ;	ALACTI III	valt i.	PERFOR		240.	WERE AUTOPSY FIND AMAILABLE PRIOR TO)
ā									— l¹	YES 2	₽ NO		COMPLETION OF CAU OF DEATH?	SE
Σ													1 TES 2 NO	1
ż														
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ock only one)					
S	1 TES 2 HO	1 Pinpetient 2	ER/Outpatient 3	□ DOA	OTHE1		s 5 □ Re	sidence	6 Other (S	Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26e. OATE OF (Month, De		28b. TIM	E OF URY	28c. INJ	URY AT		28d. DESCF	IBE HOW IN	JURY OC	CUREO		
<u>A</u>	1 Netural 5 Pending 2 Accident Investigation	(**************************************	71 1207	""	М		ES 2] NO						
	3 Suicide 6 Could not be	26e. PLACE Of building.	FINJURY — At ho etc. (Specify)	me, ferm, s	treet, fact	tory, office	,		281, LOCATI	ON (Street e	nd Number	or Rural Ro	oute Number,	
	4 Homicide determined		. (-7-5-1)						City of	Town, State)				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	oth occurr	d at the	ime dete	and place	and due	to the cour-	(a) and	Der en -1	nid.		_
M	one) 2 MEDICAL EXAMINE												and manner on state	and .
8					-	property Of				~ hune, alk	. out 10 (F	cause(s)	erru menner es state	rū.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	& MIN					29c. LICE	NSE NUM			29d. DAT	E SIGNEO	(Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DINESH P. O. BOX (51, PINTO, MB 21556 B. SHAH 31. OATE FILEO (Month, Day, Year)

JUL 28 1993

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RECO	requires
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SION OF VITAL RECORDS, P.O. BOX 68760,	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h
SION	ENDING

		11201011111	OI	LITTII ICA	IL U	PDEATH	HEG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last) LARYN BROOKE	PUSEY				2. DATE OF DEATH DA	9 4	3. TIME OF DEATH 3. TIME OF DEATH					
		4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 0	8. AGE (In yrs. las	GOVER MONTH	DER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	6. B	IRTHPLACE (State or Foreign ountry)					
翻	DIRECTOR	9a. FACILITY NAME (If not institution, give street and numb	er)	9b. 0		N OR LOCATION OF DE	ATH STATE	9c. COUNTY (OF DEATH					
19)		PENINSULA REGIONAL MED:	LCAL CENTE	R	SAL	ISBURY		WICOMICO						
Page	DIRE	MARYLAND WICOMI	60	10c. CITY, TOW		TLA ND		10d, INSIDE CITY LIMITS? 1 Des 2 no.						
it permit.	ERAL	100. STREET AND NUMBER 115 WEST M				10f. ZIP CODE	836		OF WHAT COUNTRY?					
physician, bunal-transit	FUNE	11. MARUTAL STATUS 12. WAS DEC	EDENT EVER IN U.S. AR	RMED	13. WAS D	ECENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No 14. F	RACE — American Indian,					
ending phy as the buri	B≺	3 Widowed 4 Divorced IF YES, C	40		specify Cutter, Mexicer ES 2 NO Specify.		Puerto Rican, etc.) Black, White, etc. Specify. HITE							
al or atte	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	(G	CEDENT'S USUAL live kind of work do . Do NOT use retire	one during	TION most of working	16b. KIND OF BUS	INESS/INDUSTR	nr .					
the hospita detached 1 once.	COMPL	N/A 17. FATHER'S NAME (First, Middle, Last)	,	N/A										
d be der	BE CC	L. MACK PUSE	4			PA	TRICA	B. 1	DUSEY					
hours after death. Page 6 may be retained by the hospital or attending physician, ed in by the funeral director, page 5 should be detached for use as the burial-tran or removal. medical examiner must be notified at once.	5	190. INFORMANT'S NAME (Type/Print) WM. ANTHONY STROT	MEDIZAL	oute Number, City or Town	State SZIP Code	BOX 640 ESS ANNE, MD								
director, pa		Control and Harrison of Harrison of Harrison of Harrison (City of Hown, Stellegally Code)												
death. Po funeral of L. examine		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	vay	H	Hollo	and address of Factorian	al Home							
urs after of in by the removal.		23. PART . Entar tha diseasas, or complication shock, or haert failure. List only on	s that caused the de	ath. Do not en	ter the r	Spow Hill node of dying, auch	Rd. Salish	atory arrest,	arvland 21801					
the the		iMMEDIATE CAUSE (Fine) disease or condition PROJECT	BABLE CO	NGEST	-IVE	HEART	FAILUR	E	interval Between Onset and Death					
X 5 - 5	2	Due to (or as a consequence of): FLUID OVERLOAD AND/OR PUMP FAILURE b. Due to (or as a consequence of): Due to (or as a consequence of):												
clar ior	CATION	cause. Enter UNDERLYING PROFESCT												
	RTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DOWN SYNDROME												
the death certificate the attending phy demail Hygiene Injury, or other	CER	PART ii Other significant conditions contribution to death by												
= 0 =	EDICAL	PART II. Other significant conditiona contribution	ng to death but not r	esulting in the	undarly	ing cause given in i	PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
sign Heal	Σ						1 YES 2	TINO	OF DEATH?					
N: The law req icate has been State Dept. of Item 23 sh	CIAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Che	ck only one)							
ilCIAN: T certificate the Stat or Ite	S	EXAMINER? 1 YES 2 NO HOSPITA 1 Inputien	ER/Outpatient 3	DOA 4 1		ome 5 - Rasidenca (3 Other (Specify)							
DING PHYSIC After this cer death with the	ву рну		rth, Day, Year)	28b. TIME OF INJURY	V	NJURY AT YORK? YES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED)					
CTOR:	ETED (3 Suicide 6 Could not be determined	ACE OF INJURY — At he ding, atc. (Specify)	me, ferm, street,	lactory, of	fice	261. LOCATION (Street as City or Town, State)	nd Number or Ru	ral Route Number,					
로 국 구 등	MPL	29e. CERTIFIER (Check only one) 1 EXCERTIFYING PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the beautiful one of the control of th							se(s) and manner as stated.					
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	21	4 > 0	\ \	29c. LICENSE NUM			NED (Month, Day, Year)					
₽ ₽ a ¥	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITE	M 27) (Type, Print)	.3	0334	137	* 7/	19/23					
		31. DATE FILED/MONTH CONCERNS ALL SALES	ENTER	P.O. BC	x 6	40 PRINC	ess Anne	MD	21853					
	4	JUL 27 1993 gull 2000	BEAR'S HOME											

FOR

	1 - STATE REGISTRAR		SIAIL OF I	MAKYLANU / CE		ICATE				MEN IA	REG. NO.	_		
	1. DECEDENT'S NAME (First, M	Aiddle, Last)					0	,			OF DEATH			3. TIME OF DEATH
	Harry		niel			/	ret	ers	,	JU	W 21		993	1845 Pu
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER	1	IF UNDER	7-	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	218-12-1249		1 ⊠ M 2 □ F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	06/	25/04	4		nnsylvania
	9a. FACILITY NAME (If not instit					9b. CITY	, TOWN O	R LOCATI	ION OF DE				INTY OF DE	
PO	PENINSULA RE		L MEDICA	L CENTER	3	SA	ALISE	BURY			/	W	ICOMI	CO
EG	RESIDENCE OF DECE	10b. COUNTY		ry, town o	OR LOCAT									
DIRECTOR	Maryland		100.041			alist		ION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	HIL	Ollico		50	TITE		. ZIP CODI				122 CIT		1 YES 2 NO
FUNERAL	1409 Old	Ocean	City Rd	City Rd			10	2 18			1		ISA	VHAT COUNTRY?
S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. ARM	MED	13.	WAS DEC			TIDIES OF	N? (Specify Yea	_		A
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorce	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				II yes, spe	ecify Cuba	nn, Mexican Specify:	n, Puarto I	N? (Specify Yea Rican, etc.)	or No-	14. RACE Black Specif	— American Indian, c, Whita, atc. fy:	
		OENT'S EDUC	ATION	16e DEC	- CAENT'S	USUAL O	20 IDATIC			T. 101	····· OF BUY			ite
COMPLETED	(Specify only h	highest grade o	completed)	(Ghv	ve kind of a	work done in retired.)	during mos	st of workir	פר	160	. KINO OF BUS	INESS/INC	DUSTRY	
PL	Elementary/Secondary (0-12	2)	College (1-4 or 5+	•)	nist	200								
OM	17. FATHER'S NAME (First, Midd	dle, Last)		Hit	IIIoc	ET		16. MOT	HER'S NAI	ME (First	Middle, Maiden S	Cumamai		
	Dutton (unk) Pet	ers Sr.				- 1				eth Be			
BE (19a. INFORMANT'S NAME (Type			19b	MAILING	ADDRES	S (Street a						n Codel	
5	Faith Ellen Taylor 1409 Old Ocean City Rd., Salisbury, MD 21801													
	20a, METHOD OF DISPOSITION 1 □XBurla1 2 □ Cremation	3 🗆 Ramov	val from Stata	20b.PLACE All cemetery, crem	natory or o	ther place)				OAT		CATION —	City or Tov	wn, Stata
	4 Donation 5 Other (Sp		and the second	Wicom	ico !	Memo:	rial			7/2	5 Sa	lisb	ury,	MD
	21. SHOMATURE OF FUNDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home													
	THEY	1.16	tellou	ay_				-				isbu	rv. N	AD 21801
	23. PART I. Enter the dise	eases, or co	omplications that	paused the der	th. Do r	not enter	the mor	de of dy	ing, such	n as cen	diec or reepi	ratory an	rest,	Approximate
	iMMEDIATE CAUSE (Final	ert failure. Li	ist only one cau	Se of eech line.	1/1			1	1		0	,		interval Batween Onset and Death
	disease or condition resulting in death) . Hate Myocardial Infarction Monris												Morres	
	OUE TO (OR AS A CONSEQUENCE OF):										, , , ,			
Z	Sequentially list conditions, b. Carolary Artery Discase									years				
E I	if any, leading to immedia	ate	DUE TO	(OR AS A CONSEO	UENCE OF	F):/			/					
C	CAUSE (Disease or injury		2005 200											
E	that initiated events resulting in death) LAST		DUE 10 (DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	d													
CAL O	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
											PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
副											1 [] 120 2	SHACE		OF OEATH?
=										_				1 129 2 1110
PHYSICIAN: MED	25. WAS CASE REFERRED TO N		_/				26. PL	ACE OF O	EATH (Chec	eck only or	10)			
SIC	1 YES 2 PNO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 - Nun		• 5 🗆 Re	saldence (6 🗆 Othe	ir (Specify)			
ž	27. MANNER OF DEATH		28a. DATE OF (Month, De		28b. TIM	_	28c. INJU WOR	URY AT			SCRIBE HOW IN	JURY OC	CURED	
BY	1 Natural 5 Per 2 Accident Inv	ending restigation	1000	y, <i>rour</i>)		M	1 Y		NO					
	3 Suicide 6 Co	ould not be	28e. PLACE Of building,	F INJURY — At hom	ne, 1erm, r	street, fact	ory, offica			281. LOC	ATION (Street ar or Town, State)	nd Number	r or Rural Ro	oute Number,
ITE	4 Homicide det	termined		1						Ony .	N IOWII, Otato,			
COMPLETED	29a. CERTIFIER (Check only	YING PHYSIC	IAN: To the best of a	my knowledge, dea	th occum	ed at the t	ime, date	and place	and dua	to the cau	use(a) and man	ner sa stat	ted.	
MO														and manner as stated.
	296. SIGNATURE AND TYPE OF	_	1/2						ENSE NUME					(Month, Degl Year)
8	Vet -	7 6	42					N	36=	187	,	290. DAI	I /	1 /93
2	30, HAME AND ADDRESS OF F	ERSON WHO	COMPLETEO CAUS	E OF DEATH (ITEM	27) (Type	Print)		(,)	$\frac{1}{2}$	0 >			TIC	-1/10
	Jeffrey Ethe	ertor	1,MD	Quincy		ocus	t 5	15,	Sai	ishu	n.MI	5	480	(
6	JUL 27 199		32. REGISTRAF	R'S SIGNATURE	٨									

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

3. TIME OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

YEAR

REG. NO.

2. DATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020	P. P	eral
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RECORDS, P.O. BOX 68/60,	w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending presents	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burisk-trainal permit. As the atth and Mental Hygiene prior to burial, cremation, or removal.
		700

DIVISION OF VITAL

BOY RICE 12:15 JULY 30 Рм 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 - F 9b. CITY, TOWN OR LOCATION OF DEATH 07/ 30/ 93 Mary land 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10a STATE IDE. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? E. Lafayette Ave. 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried ВУ 1 TES 2 NO Specify: Specify: Black 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) be notified at once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Unknown Tabitha Rice 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Tabitha RIce 2403 Lafayette Ave. Baltimore. Md. 20e. METHOD OF DISPOSITION

1 Burlet 2 Cremetton 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 ☐ Donation 5X☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY THE JOHNS HOPKINS HOSPITAL 600 N. Wolfe St. Baltimore, Md medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cerdiac or respiratory strest, Approximate shock, or haart fallure. List only one cause on each line. Intarvai Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition extreme prematurily birth resulting in death) Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not reautiting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO perforation of the trachea. shows any COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO AL OR ATTENDING PHYSICIAN: The law r AL DIRECTOR: After this certificate has be 2 hours after death with the State Dept. I tlem 26 is marked, or Ilem 23 s has 1 Dept. 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Impatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNEB-OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending ВУ 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City of Town, State) COMPLETED 6 Could not be 4 Homicide determined 29e. CERTIFIER

(Check only

1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. HOSPITAL FUNERAL I WITHIN 72 h 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER MD 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) J8939 30193 2 Alka Mehr, 600 N. Wolfe St, Baltimou, MD 21287 32 AEGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

REGISTRAR		С	ERTIF	CATE	OF	DEATH	****	REG. NO.	_			
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH	
Leona Madeline	Ross						07			993	0950	a M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia	st birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTH	IPLACE (State or Fore	
717-09-2802	1 🗌 M 2 🔀 F	C	5 YRS.	MONTHS D	BYA	HOURS MIN.		h, Day, Year) 4–1898	}	Count	ginia	
9e. FACILITY NAME (If not institution, give str	set and number)		,,,	9b. CITY, TO	OWN OF	R LOCATION OF D		4-1090		UNTY OF D		
415 Market Street				Dogow	1	011						
RESIDENCE OF DECEDENT				POCON	IOKE	City			<u> </u>	<u>Vorce</u>	ster	
10e. STATE 10b. COUNTY			10c. CITY	, TOWH OR I	LOCATI	ON					10d. INSIDE CITY	
Maryland Worces	ter		Poco	moke	Cit	v				J	1- YES 2 N	10
10e. STREET AND NUMBER	2000				10f.	ZIP CODE			10g. Cl	FIZEN OF V	VHAT COUNTRY?	
415 Market Street					1 2	21851			Т	JSA		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS	S DECE	NDENT OF HISPAI	NIC ORIGIN	17 (Specify Yes		14 BACE	— American Indian	1,
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 R	NO			elfy Cuben, Mexica		Ricen, etc.)		Speci	t, White, etc.	
3 Widowed 4 Divorced						200					white	
15. DECEDENT'S EDUC. (Specify only highest grade of	ATION ompleted)	16a. Di	ECEDENT'S	USUAL OCCU	JPATION	of working	16b	KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +		. Do NOT use	e retired.)			1					
11	2	Civ	ril Se	rvice	En	plovee						
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, I	Middle, Maiden	Sumame)			
James Parker Ross						Clara J	. Wa	rner				
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet and	Number or Rural			n, State, Z	ip Code)		_
E. Donald Ross		2	9646	Thorn	tor	Rd., A	ssaw	oman.	Va.	233	02	
20a. METHOD OF DISPOSITION	urroe wells	20b. PLACE	ANDDATEO	FDISPOSITIO			OAT			City or To		
1発 Burlel 2 Cremetion 3 Remon	val from State	Tohn M			-i-1	Comboser	7/2	G Man			ille. Va	
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		-rayu.	22. NAI	ME AND	ADORESS OF FA	CILITY		ber	incev	ille, va	•
D 74-C	211-1					Funera						
DC04 5.	merson	_		PO	BOX	64, Po	como	ke Cit	y, 1	fary1	and 2185	1
23. PART i. Enter the diseases, or co shock, or heart failure. L	ist only one cau	caused the di se on each iin	eath. Do n e.	ot anter the	a mod	a of dying, suc	h an card	diac or respi	ratory a	rest,	Approximate interval Bet	
IMMEDIATE CAUSE (Final	Conc	voot 1		T							Onset and I	
disease or condition resulting in death)		gestiv			a1.	lure						
		OR AS A CONSE				- 1						
Sequentially list conditions, 6.					ar	diovas	cula	r Dis	eas	e		
If any, laading to immediata	DUE TO	OR AS A CONSE	OUENCE OF):								
CAUSE (Disease or injury c.												
that initiated events resulting in death) LAST	OUE TO	OR AS A CONSE	OUENCE OF):								
d.												
PART ii. Other significant conditions	contributing to	death but not	resulting in	tha under	rlying	cause given in	Part i.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FIND	DINGS
					, ,	• 100		PERFOR	MED?	1	AVAILABLE PRIOR TO)
	···						- 1	1 TYES 2	□ NO		OF DEATH?	V.S.C.
							_				1 YES 2 NO	1
25. WAS CASE REFERRED TO MEDICAL												
EXAMINER?	HOSPITAL:			OTHER:		CE OF OEATH (Ch						
1 YES 2 NO	1 Inpatient 2 I				_	5 Residence				_		
1 Netural 5 Pending	(Month, De		28b, TIME INJU	IRY	won	K?	28d. DES	CRIBE HOW IN	JURY OC	CUREO		
2 Accident Investigation				" '	YE	S 2 NO						
3 Suicide 6 Could not be 4 Homicide determined	building,	INJURY — At ho itc. (Specify)	me, ferm, at	reet, fectory,	office		261. LOCA City 6	ATION (Street a or Town, State)	nd Numbe	or Rural R	loute Number,	
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of	my knowledga, de	eth occurred	f at the time,	, deta a	nd place, end due	to the cau	se(e) end men	ner ne ste	ted.		
one) 2 MEDICAL EXAMINER	On the basis of ex	amination and/or	Investigation	, In my opini	ion, des	th occured at the	time, date	end place, end	due to t	he ceuse(e) and manner ea state	ed.
200. CONATURE AND TITLE OF CERTIFIES	1					29c. LICENSE NUR				-	Month, Dec You	\dashv
Floo Lan		- 6-)			0020	777	-	•	7/	7670	5
30 MANNE AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF DEATH (ITE	M 27) (Type	Print)		- V D	0 0		-	4	40/3	3
							_				1.	- 1
J.G. Santiano, MD 31. OATE FILED (Month, Day, Year)	- 100 E	ighth S	treet	Poc	OMO	ke City	, Mai	ryland	21	851		
JUL 27 1993	This Dende	m- Rendel	5									

BOX 68760, BALTIMORE, MARYLAND 21215-0020	CORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 2121	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
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BOX 68760,	CORDS, P.O. BOX 68760,	OF VITAL RECORDS, P.O. BOX 68760, ANGIOR TO LINE THE CONTROL OF SECURITY OF THE COST CONTROL OF THE COST CONTROL OF THE COST CONTROL OF THE COST COST COST COST COST COST COST COST
- /1	CORDS, P.O.	OF VITAL RECORDS, P.O. AYSICIAN: The law requires that the death certific

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed writin /2 hours are obein with the state bept, or reguln and wernal hydrine prof to burial, cremator, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CE	:RTIFIC	CATE O	F DEATH		REG. NO).			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DEATH	
Sondra Duv	all Read	4				TUD	y 24,	1993	YEAR		PM
4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest	hietheleut.	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	1773			,
4	1 🗆 M 2 😿 F			ONTHE DAYS		(Mont	th, Day, Year)		Countr		gn
212-34-2335	2/1	58	YRS.	-1.507		Dec.	. 26 1	934	Mar	iyland	
9e. FACILITY NAME (If not institution, give	street and number)		8	b. CITY, TOW	OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH	
448 Ferry Point	Road		- 1	Annapo	olis			Anv	10 A	undel	
RESIDENCE OF DECEDENT								1	-		_
10e. STATE 10b. COUN	TY		10c. CITY,	TOWN OR LOC	CATION					10d. INSIDE CITY	
MD Ann	e Arundel			Anno	apolis					LIMITS?	
10e. STREET AND NUMBER					101, ZIP CODE			Teal arm		HAT COUNTRY?	-
448 Ferry Point	Poad				21403	2		-		l States	
					2.700				mei	siares	
11. MARITAL STATUS 1 Never Married 2 Warried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED O	13. WAS D	ECENDENT OF HISP specify Cuben, Mexic	ANIC ORIGI	N? (Specify Ver	e or No—	14. RACE	- American Indian, White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE W			1 🗆 Y	ES 2VI NO Spec		rican, etc.,	- 1	Speci		
	1			1						White	_ /
1S. DECEDENT'S ED (Specify only highest grad				BUAL OCCUPAT	TION most of working	168	. KIND OF BU	SINESS/INC	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Side.	Do NOT use i	retired.)	root or working						
	4 years	Admi	nistr	ativo	Assistar	1+	Educa	tion			
17. FATHER'S NAME (First, Middle, Last)	1 191 142121	TAGIN	11/23/1	mile	18. MOTHER'S N						-
Edward Saunders	Dungle							Surriame)			
199. INFORMANT'S NAME (Type/Print)	Duvace		well to the second			le K					
					t end Number or Rura						
Kenneth F. Read		44	18 Fer	vry Po	int Road	Anı	napoli	s, Mo	vrylo	ind 21403	
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Real		20b. PLACE A	NDDATEOF	DISPOSITION (Name of	DAT	E 20c. LO	CATION -	City or To	wn, State	
4 Donation 5 Other (Specify)	noval from State	cemetery, crem	patory or othe	r place)	atory 7-	30-9	3 RHO	nturar	d A	lanuland	- 1
21. SIGNATURE OF SUMPRAL SERVICE L	CENSEE	1120	ricorr	22. NAME	AND ADDRESS OF F	ACILITY 7	olar H	Tank	a t	uneral H	
16/		2/		100	1	, ,,,,,,,	onn M.	Tayx	LOR F	unerax H	ome
· Xanna	1//	-	_	14000	uke of Gl	Louce	ster S	t. Av	ınapc	ilis, MV	- 1
21 PART I. Enter the diseases, pr	complications that	ceused the day	th. Op not	anter the o	anda of dulan au	ah an an	4				
shock, or heart failure.						cn es can	diac or reso	irstory arr	tner	Approvimete	8
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	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	MARY B		ROWAN			MONTH D	93				
			,	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign			
	214 74 3807 1 9a. FACILITY NAME (If not institution, give street		92 YAS.	ONTHS DAYS	HOURS MIN.	11-07-19		ountry) ID			
œ	Allegany Co. Nur		1 9		R LOCATION OF DI	EATH	9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT	.sulg fidile		CUME	ERLAND		LEGANY				
Ä	10a. STATE 10b. COUNTY		10c. CITY, TOV					10d. INSIDE CITY LIMITS?			
		egany	Cu	mberla	nd			1 X YES 2 NO			
₹	10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?			
FUNERAL	220 Somerville A				21502		USA				
5	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO			NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	ORIGIN? (Specify Yea or No.— 14. RACE — Black, W				
l mark	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	res	1 TES	2 XNO Specif	у:		white			
8	15. DECEDENT'S EDUCATI	ION	16a. DECEDENT'S US	SUAL OCCUPATION	DN .	16b. KIND OF BU	SINESS/INDUSTI				
ᇤ	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of wor life, Do NOT use i	rk done during mo: retired.)	st of working						
를	unknown		homem	aker		own	hame				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-				ME (First, Middle, Maiden	,				
BE	Benjamin Fran	klin Ryan				nces Maria					
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow)			
	Mr. James Rowan					erland, MI	· · · · ·				
	20a. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Removal		PLACE AND DATE OF tery, cremetory or othe 111Crest				CATION — City of	Control of the Contro			
	4 Donation 5 Other (Specify)		llicrest		Park D ADDRESS OF FA		Jumberi	and, MD			
	1000	10	1/1			uneral Hom	ne.				
	yango t	Neary	400	Cum	berland.	MD 21502					
	23. PART Enter the diseases, or com ahock, or heert fellure. List	iplications that caused tonly one ceuse on as	the death. Do not ch line.	enter the mo	de of dying, auc	h aa cerdiac or respi	ratory arreat,	Approximate Interval Between			
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AL C	PART II. Other algnificent conditions of	ontributing to deeth bu	t not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
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PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26, PL	ACE OF DEATH (Ch	eck only one)					
Sic		OSPITAL:		THER:	5 Rasidence	6 Other (Specify)					
£	27. MANNER-OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJU	JRY AT	28d. DESCRIBE HOW I	NJURY OCCURE	,			
ВУ	1 Neturel 5 Pending 2 Accident Investigation	(main, baj. ioai)	indo/i		ES 2 NO						
ED	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY - building, atc. (Specif	At home, ferm, stre	et, tectory, office		281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number.			
						Uny or lown, State)					
릴		N: To the best of my knowle									
COMPLET	MEDICAL EXAMINER: 0	In the basis of examination	and/or investigation,	in my opinion, de	eath occured at the	time, data and place, an	d due to the ceu	se(a) and menner sa stated.			
BE (296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	ABER	29d. DATE SIG	NEO (Month, Day, Year)			
2	/ Samey (~			D14865		> 7	20-93			
	30. NAME AND ADDRESS OF PERSON WHO CO				4+31 A	mhoral and	MD 215	02			
	Dr. Robustiano Ba			ar nost	rtar, C	mberrand,	מדו אדו	02			
	JUL 211993	32. REAISTRAR'S SIGNA	- Carlotte								
	JUL & 1 1333										



-	FOR STATE REGISTRAR
	TIEGIOTIVAT

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / D CEF				EALTH DEAT		MENTA	L HYGIEN				
- 8	1. DECEDENT'S NAME (First, Middle, Lest) William Hill		1 P. F.						2. DATE	OF DEATH	AY_	YEAR 993	3. TIME OF DEATH 4:20 A M	
	4. SOCIAL SECURITY NUMBER 167-32-1803	5. SEX	6. AGE (In yrs. lest b	irthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE (Mon	OF BIRTH (h, Day, Year)		8. BIRTHE	PLACE (State or Foreign	
R	9a. FACILITY NAME (If not institution, give 104 Howard Avenue	street and number)		1	Arno	R LOCATIO	ON OF DE	9c. COUNTY			TY OF DE			
CTC	RESIDENCE OF DECEDENT										AVU	ine Arundel		
DIRECTOR		ne Arunde	1	10c. CIT	Y, TOWN (Arno							10d. INSIDE CITY LIMITS? 1 TES XX NO	
FUNERAL	100. STREET AND NUMBER 104 Howard Avenue	0			1.1	1012		9		10g. CITU		HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V Korea	ED .									- American Indian, White, etc.		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Collège (1-4 or 5 -	18a. DECE (Give #e. Do	kind of	work done se retired.)	during mo	st of workin	g	16b. KIND OF BUSINESS/INDUSTRY					
OMP	17. FATHER'S NAME (First, Middle, Last)	5 Plus	tre	ld	Supe	rvis				State		vryle	and	
BE C	William Hall Sass	scer						Eliz	abet	Middle, Maiden th Cope	eland		2	
2	190. INFORMANT'S NAME (Type/Print) Pamela C. J. Sassi	er					nd Number ENUE			l, Mari			112-1159	
	20a METHOD OF DISPOSITION 3 Burlal 2 Cremation 3 Reg 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND cemetery, cremen	DATE	OF DISPOS	ITION (Na	me of		OAT	E 20c. LO	CATION — C	ity or Tow	m, State	
	TO SIGNATURE OF PUNERAL BERVICE L	S. Luy		/	22. 14	NAME AN	ke o	is of fac	ouce	John M. Ster S	Tayl St. Av	Cor F inapo	<u>Maryland</u> Funeral Home Olis, MD	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, shock, or heert failure. List only one cause on each line. Approximate interval Batween											Interval Batween		
PHYSICIAN: MEDICAL C	PART II Other significent condition		death but not rese	ulting	in the un	derlying	cause g	iven in F	Part I.	24e. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07.15		ACE OF OE	ATH (Che	ck only o	ne)				
IXSI	1 YES 2 □ NO 27. MANNER OF OEATH	1 Inpetient 2	ER/Outpatient 3			Ing Hom	5 1							
BY P	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		Bb. TIM	URY M	28c. INJI WO 1 Y	RK?	_	28d. OE:	SCRIBE HOW II	NJURY OCC	JREO		
	3 Suicide 6 Could not be 4 Homicide determined	284 PLACE OF IN HIDY At home for the								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET			my knowledge, death										and manner as stated.	
BE	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(a) and in the superior of the cause(a) and in the cause(b) and in the cause(b) and in the cause(b) and in the cause(c) and in the cause(b) and in the cause(c)													
2	O. NAME AND ACCRESS OF PERSON WE	O COMPLETEO CAUS	SE OF DEATH (ITEM 2	7) (Type,	Print)		F	20	B	109	39	5	2070)	
	31. DATE FILED (Month, Oak, Year) 0 19	32. REGISTRA	Day door AL	notable	2									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burst-transfer be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	N NE	3. TIME OF DEATH		
Stephen	Paul South				7 12	1993			
4. SOCIAL SECURITY NUMBER		200	NTHS DAYS	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. 8	BIRTHPLACE (State or Foreign Country)		
547-27-4861 90. FACILITY NAME (If not institution, give str	1 X M 2 □ F 3 5		- 200		6-17-195		alifornia		
4				OR LOCATION OF DE	EATH	9c. COUNTY			
I-68, Youghiogheny Overlook Information center Friendsville Garrett							ett		
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d									
Maryland Baltin	more	Bal-	timore				LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 9119 Smith Avenue 101. ZIP CODE 21236 USA							OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specifi		Specify:			
15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	UAL OCCUPATION	ON .	18b, KIND OF BUS		white		
(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use n	done during ma	st of working			e Science		
	4 yrs	Systems A	Analyst		Institut		c octanoc		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
Paul T. So	outhgate			Jaco	ueline Cla	yton			
19e. INFORMANT'S NAME (Type/Print)	Southgate				Route Number, City or Town		(e)		
20e. METHOD OF DISPOSITION					imore, MD				
1 Burial 2X Cremation 3 Removed 4 Donation 6 Other (Specify)	val from State cen	PLACE AND DATE OF Detery, crematory or other	placa)		1	CATION — City			
21. SIGNATURE OF FUNERAL/SERVICE LIGE	NISEE	untry Sid	22. NAME AN	ITORY ID ADDRESS OF FA	17-18 Day	idsvil	le, PA		
1 Domi	Kerman				l Homes, P Grantsvil		21526		
23. PART i. Entar the diseases, or co shock, or heart feliure. L	int only one cause on a	the death. Do not	entar tha mo	da of dying, suc	h as cardiac or respi	ratory arrest,	Approximata		
IMMEDIATE CAUSE (Finel							Intervel Batween Onset and Death		
disease or condition resulting in death)	Gunshot w		gun) t	o the he	ad		Sudden		
	OUE TO (OR AS A	CONSEQUENCE OF):							
Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):							
If any, leading to immediate cause. Entar UNDERLYING							į		
CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF):							
resulting in death) LAST									
PART II. Other algorificant conditions	contributing to deeth b	ut not reauiting in t	he underlying	cause given in	Part I. 24a. WAS AN.	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
		ma sceniores			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
					1 YES 2	XΣνο	OF DEATH?		
					_		1 NES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)				
ATTENNA A TO LIA	HOSPITAL: 1 inpatient 2 ER/Outp	atient 3 DOA 4	THER: Nursing Hom	5 🗆 Rasidence	8 X Other (Spection)	led rur	cal area		
27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. NJ	URY AT RK?	28d. DESCRIBE HOW IN	JURY OCCURE	D		
2 Accident Investigation				ES 2 NO					
3 XSuicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec	— Al home, farm, stree	it, lectory, offici		261. LOCATION (Street a City or Town, State)	nd Number or Ri	ural Route Number,		
29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	IAN: To the best of my know	edge, death occurred a	t the 11me, deta	and place, and due	to the cause(s) and man	ner se stated,			
							use(a) and menner as stated.		
296. SIGNATURE AND TITLE OF CENTIFIER	2/	11	2 ~ 1	29c. LICENSE NUN	IBER	29d. DATE SIG	GNED (Month, Day, Year)		
Terpent 1	of Teng	Mon.	n.S.	D 05658	3		7 17, 1993		
30. NAME AND ADDRESS OF PERSON WHO						101			
Herbert H. Leigh	nton, M.D.,	502 E. Oa	k Stree	t, Oakla	and, Maryla	and 21	L550		
31. DATE FILED (Month, Day, Year)	37 REGISTRAR'S SIGN	TURE							
JUL 211993	7	-							

N. Assertance

1 -

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

296. SIGNATURE AND TITLE OF CERTIFIER

\$71983

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Victor E. Mazzocco, M.D. 9
ED (Month, Day, Year)
32. REGISTRAR'S SIGNATURE
D 7 1003

BE

2

로 보를

2 23 Hazel W. Snyder

BALTIMORE, MARYLAND 21215-0020 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I O. BOX 68760,

DIVISION OF VITAL RECORDS, P.

5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 219-03-9937 1 M 2 FF 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR 228 Lower Consol Road Frostburg 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION Allegany Frostburg 10e. STREET AND NUMBER 10f 7IP CODE 228 Lower Consol Road 21532 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11 MARITAL STATUS 1 Never Married 2 Merried BY 3 Widowed 4 Divorced use as the COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple detached for College (1-4 or 5+) 10 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) page 5 should be notified at John Walbert BE (Mary Elizabeth Beeman 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Harry H. Snyder Lower Consol Road Pe 20a, METHOD OF DISPOSITION
1 Burisi 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must metery, cremetory or other place)
rostburg Memorial Park the funeral director, 7/29 examiner 21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY non Durst Funeral Home, Frostburg, Md. and completely filled in by the oburial, cremation, or removal. medicai 23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resolvatory arrest. shock, or heart fallure. List pnly one IMMEDIATE CAUSE (Final the disease or condition resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to monny CAUSE (Disease or Injury thet initiated events resulting in death) LAST other 1 DUE TO (OR AS A COMMEQUENCE 6 PART II Differ algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL been signed by the or. of Health and M shows any inju PHYSICIAN: has be Dept. AL DIRECTOR: After this certificate has 2 hours after death with the State Different 28 is marked, or item 7 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem 1 YES 2 NO HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 6 Could not be determined 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. HOSPITAL FUNERAL within 72 h MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner es stated.

CERTIFICATE OF DEATH

29c. LICENSE NUMBER

912 Seton Drive, Curbonland

23194 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR July 26. 9:45 A.M M 1993 8. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH Allegany 1 YES 2 TNO 10g. CITIZEN OF WHAT COUNTRY U.S.A. 14. RACE — American Indian, Black, White, atc. White 166. KIND OF BUSINESS/INDUSTRY Own Home Frostburg Md. 21532

DATE | 20c. LOCATION - City or Town, State Frostburg Md Approximata Interval Between 24a. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 110 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 7-27-

BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit per, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

OR TATE EGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH
EDENT'S NAME (First, Middle, Last)	OEMINIOATE OF BEATH

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Last)	/ / M	,		2. DATE OF DEATH DAY			3. TIME OF DEATH		
J	1. SOCIAL SECURITY NUMBER	S. SEX G. AGE		1 Stept	IF UNDER 24 HRS.	7. DATE OF BIRTH	26	8. BIRTHPLACE (Store		
	578 - 24 - 3950	HOURS MIN.	(Month, Day, Yes 06-18	-24	Countr	ND.				
DIRECTOR	90. FACILITY NAME (If not institution, give street end number) GREATIR ARREL BEITS WILL HOSP, LAWREL, M.D. RESIDENCE OF DECEDENT PG. COUNTY OF DEATH PG.									
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY	
LOI	Maryland Princ	ce George	Laure		ZIP CODE	1 YES 2 NO				
FUNERAL	9270 Cherry Lane	#64_			20708		-	U.S.	VHAT COUNTRY?	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	CENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Black, White, etc.) S 2 [X NO Specify: Winite, etc.)					
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USI	done during mo-	N st of working	16b. KIND OF	BUSINESS/INC	DUSTRY	WILLE	
COMPLETED	Elementery/Secondery (0-12) Grade 10	College (1-4 or 5+)	Printer	tired.)		Distr	ict Ph	oto	.0	
Š	17. FATHER'S NAME (First, Middle, Last)		TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT		16. MOTHER'S NA	ME (First, Middle, Ma		1000		
BE (William E. M. All	Len				Virginia				
2	190. INFORMANT'S NAME (Typo/Print) Ivan J. Stepp					Route Number City of 1tsville			20705	
	20e. METHOD OF DISPOSITION 1 St Burlet 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from State 20t	PLACE AND DATE OF D Petery, cremetory of other DEORGE WAS	Place)	ne of Cemete	DATE 200	delphi	City or To	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES //	,,,,,,	22. NAME AN	D ADDRESS OF FA	cium neral Hom			- y zaria	
	No Watt Jay	LILL		313 T	albott A	ve. Laur	el. Man	rvlar	nd 20707	
	23. PART I. Enter the disease, or o shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Dnly Dne cause on e	ach iine.				espiratory en	rest,	Approximate interval Between Onset and Death	
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):									
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					4.		
	PART ii Other significant condition	e contributing to death h				I		-		
PERFORMEO? 1 YES 2 NO AWAILABLE COMPLETIC OF DEATH?								WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
Ä	25. WAS CASE REFERRED TO MEDICAL									
SCI	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch					
Ě	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME OF	F 28c. INJI	JRY AT	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆 Y	ES 2 NO					
_	2 Cutatte 1 280 PLACE OF INTIRY — At home form elevat feeton; effice								loute Number,	
COMPLETED		CIAN: To the best of my know							end menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		140		29c. LICENSE NUI	WBER	29d. DAT	E SIGNED	(Month, Day, Year)	
၉	30. NAME AND ADDRESS OF PERSON WHO	D. 3450 FO	ATH (ITEM 27) (Type, Prin	"Le 1	Road	Laurel	MD	20	707	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					-		

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)			CATE O		REG. NO					
JAMES		WALLACE	SC	COTT	JULY 27,	199 ³	3. TIME OF DEATH 9:55 P			
4. SOCIAL SECURITY NUMBER 212-20-9963	X № 2 □ F	GE (In yrs. last birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) NOV. 7, 1	925 Mar	THPLACE (State or Foreign vitry) yland			
1. FACILITY NAME (If not institution, give street and number) 705 SILVER LINDEN DRIVE (RESIDENCE) LA PLATA 96. CITY, TOWN OF LOCATION OF DEATH CHARLES										
Maryland Cha	rles	10c. CITY, TOWN OR LOCATION La Plata								
10e. STREET AND NUMBER 705 Silver				101. ZIP CODE 20646		10g. CITIZEN OF	XXYES 2 □ NO WHAT COUNTRY? A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? XXY IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES	If yes,	DECENDENT OF HISPA , specify Cuben, Mexic YES XXNO Speci	an, Puarto Rican, etc.)	ORIGIN? (Specify Yee or No-Puarto Rican, etc.) 14. RACE — American Indian Black, Whita, atc. Specify: White				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Specify only highest grade completed) College (1-4 or 5+) 2 16a. DECEDENT'S USUAL OCCUPATION (Give, kind of work done during most of working AS'S 2 D'Canve.) Postal U.S. Postal S Inspector , Retired									
17. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, Maiden					
James Thomas	Scott ,J1			Mign	onette Ca	arpente	r			
19a. INFORMANT'S NAME (Type/Print) Helen Therre	c Soott				Poute Number, City or Town		1 20646			
METHOD OF DISPOSITION		20b. PLACE AND DATEO				CATION - City or				
X Burial 2 Cremation 3 Rea	moval from Stata	Sacred F.	her place)	Cemeter	v7/31/93	La Pla	ta.Md.			
23. PART I. Enter the diseases, pr shock, pr heart failure	thortand .	00174 used the death. Do no	ARI		HOLS FUNI					
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. NON-H	ODEKINAS A CONSEQUENCE OF	res	Lym	PHOMA		Onset and Dea			
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE OF):							
ANHAR MI		AS A CONSEQUENCE OF):							
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR A	- A CONSTRUCTION OF								
that initiated events	d		n the underly	ying cause given in	Part I. 24a. WAS AN PERFO	RMED?	ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
that initiated events resulting in death) LAST PART II. Other significant condition	d				PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	ih but not resulting in	26 OTHER:	I. PLACE OF DEATH (C	PERFOI 1 YES :	RMED?	COMPLETION OF CAUSE DF DEATH?			
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES -2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/C	th but not resulting in	26 OTHER: 4 Nursing H E OF 28c.		PERFOI 1 YES :	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?			
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/C	Dulpatient 3 DOA RY 28b. TIME	26 OTHER: 4 Nursing H E OF 28c. URY 1 [I. PLACE OF DEATH (C lome _S— Realdence INJURY AT WORK? _J YES 2 NO	PERFOI 1 YES: heck only one) 6 Other (Specify)	RMED? 2 NO INJURY OCCURED	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO			
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES -2 NO 27. MANNER OF DEATH 1 Vetural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 ER/C	Dulpatient 3 DOA RY 28b. TIME INJU URY — Al homa, farm, st Specify)	26 OTHER: 4 Nursing H E OF 28c. URY M 1 [itreet, fectory, o	I. PLACE OF DEATH (Continue) Self-Residence INJURY AT WORK? YES 2 NO office	PERFOI 1 YES: 1 YES: 1 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) to the cause(s) and me	INJURY OCCURED and Number or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES -2 NO 27. MANNER OF DEATH 1 Vetural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 ER/C 28a. DATE OF INJU (Month, Day, Yee 28a. PLACE OF INJU building, etc. (3) SICIAN: To the beet of my ku NER: On the beet of axamin	Dulpatient 3 DOA RY 28b. TiMe INJU URY — Al home, farm, st Specify) nowledge, death occurrention and/or investigation	OTHER: 4 Nursing h E OF URY M 1 [idreet, fectory, of and at the time, of n, in my opinion	I. PLACE OF DEATH (Continue) Self-Residence INJURY AT WORK? YES 2 NO office	PERFORMANCE OF THE PERFORMANCE O	INJURY OCCURED and Number or Rural nner as stated, nd dua to the cause 29d. DATE SIGNE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the particular process. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be executed for the time as the following the following physician and completely filled in by the funeral director, page 5 should be executed for the following the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215

permit. Pages 1, 2, 3 should

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e has been signed by the attent e Dept. of Health and Mental H m 23 shows any Injury, or

Item 2

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L DIRECTOR: After this ce hours after death with the litem 28 is marked,

TO THE HOSPITAL DR AT
TO THE FUNERAL DIRECT
DE filed within 72 hours a
IMPORTANT: If item 2

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I, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2. DATE OF DEATH 3. TIME OF DEATH 28 93 000 hanna 6. AGE (In vrs. last birthday 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Feb. 28, 1945 219-42-4037 DAYS HOURS 1X M 2 | F 48 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH FUNERAL DIRECTOR Memorial Charles La Plata Hospital 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Charles Maryland Nanjemoy 1 YES W NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box 23 Port Tobacco Road 20662 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ri 1 Never Married 2 Married White ВУ Specify: 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired. Foreman 16b. KIND OF BUSINESS/INDUSTRY Charles County Board Elementary/Secondary (0-12) College (1-4 or 5+) 12 of Operations of Education. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surne Cora Bowie Lawrence H. Shannon 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code).
Rt. 1 , Box 23 , Nanjemoy , Md. 20662 2 Judith E. Shannon 20a/METHOD OF DISPOSITION

4 Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata 4 Donation 5 Other (Specify) Naniemoy Baptist Cem.8/1 /93 Nanjemov, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 0 AREHART-ECHOLS FUNERAL HOME, INC. M - 00174P.O. BOX 567. LA PLATA, MD. 20646 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final Nultrole disease or condition resulting in death) trauma instataneas DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED onth, Day, Year) 1 Natural 1 YES 2 NO BY moter vehicle acc. 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, 3 Sulcide 281, LOCATION (Street 8 Could not be and Number or Rural Route Number Nec 123 COMPLETED 4 Homicide (dads. (1 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the BE 29d, DATE SIGNED (Month, Day, Year) MD Chas 27 29 2 COMPLETED CAUSE OF GEATH (ITEM 27) (Typ. BOX 32. REGISTRAR'S SIGNATURE who Davidson Randelle

	FOR
	STATE
-	DECISTOAD

	1 - STATE REGISTRAR	SIMIE UF I	MARTLAND /				DEAT		MENIA	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3.									3. TIME OF DEATH			
	55555555555555	ephen Al	len	Stas	ch			MONTH DAY Y				.1248 M	
	4. SOCIAL SECURITY NUMBER	5. SEX					IF UNDER	_	7 DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	217-72-8015	1 ⊠ M 2 □ F	37	37 yrs. M		DAYS HOURS MIN.		MIN.	June 30, 1956		6	Mar	ÿland
	9a. FACILITY NAME (If not institution,			9b. CIT	Y, TOWN	PI LOCATI	ON OF DE	ATH		9c. COL	INTY OF D	EATH	
OH	St. Mary's	1		Le	eonardtown St. M						. Ma	arv's	
2	RESIDENCE OF DECEDEN 10a, STATE 10b, CO			10c CIT	Y. TOWN								
DIRECTOR	Maryland St	. Mary's			lechanicsville								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	· Hary b		110	CHAII		ZIP CODI	F			100 017	17EN OF 1	1 YES 2 NO
ER/	1875 Golden Be					20659				_	U.S.		
FUNERAL	11. MARITAL STATUS				13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN	? (Specify Yas			
B	1 2 Never Married 2 Married 3 Wildowed 4 Divorced	I TYES 2 PM NAR OR DATES	10		If yes, sp	2 X NO	n, Maxica	n, Puerto I	lican, etc.)	E — American Indian, k, Whita, etc. White			
COMPLETED	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DE	CEDENT'S	USUAL C	CCUPATIO	N of supplier		16b.	KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)				st of working	g					
MP			Fun	eral	Dir	ecto	r		Mo	ortuar	y Sc	ience	2
8	17. FATHER'S NAME (First, Middle, Las									Aiddle, Maiden			
BE	Otto Herman S									ine W			
2	190. INFORMANT'S NAME (Type/Print) Mary C. Stasch									all,			20632
	20e, METHOD OF DISPOSITION 1 2 Burlel 2 Cremation 3	Removal from State	20b. PLACE	ANDDATE	OF DISPO	SITION (Na	me of		DAT			City or To	
	4 Donation 6 Other (Specify) Trinity Memorial Gardens 8-7-93 Waldor												
	21. Standfund of Funeral 22. NAME AND ADDRESS OF FACILITY Brinsfield Funeral Michael K. Blankenship M00857 59 North Washington Street, Leonardtown												
					ont enter	Nort	n was	ningt	on St	reet, L	eonar	acown	
	23. PART I. Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition a. ACUTE PNEUMONIA									Approximate interval Between Onset and Deeth			
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions,												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
임	CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A CONSEC	DUENCE O	F):								
E	resulting in death) LAST				,								
		G											
PHYSICIAN: MEDICAL	PART II. Other significant cond EOSINOPHILIA-MYAL		deeth but not n	esulting	in the u	nderlying	ceuse g	jiven in i	Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ					_				-				1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICA	AL.				28 PI	ACE OF DI	EATH (Ch.		-1			
SIC	EXAMINER? 1) X ES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:							
Η̈́	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	JRY AT	sidence		(Specify)	JURY OC	CURED	
Y	1 Netural Pending	(Month, D	Day, Year)	- IN.	IURY M	WO	RK? 'ES 2	NO	*********				
ЭВУ	2 Accident Investigat 3 Suicide 8 Could no	28e. PLACE C	F INJURY — At ho	me, ferm,	street, fac	tory, offici	1			ATION (Street a	nd Numbe	r or Rural F	Route Number,
COMPLETED	4 Homicide determine		etc. (Specify)						City	or Town, State)			
2	29a. CERTIFIER (Check only	PHYSICIAN: To the best of	my knowledge, de	ath occur	ed at the t	ime dete	and place	and due	to the cau	se(s) and man	cor so etc	ted	
ž I	one!	MINER: On the basis of e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERT							NSE NUM					(Month, Day, Year)
BE	Homes	O. Cha	to us				370. MUE	HUM	-Ln				
임	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAU	SE OF DEATH (ITEM	M 27) (Type	Print)		0.	C.M	• E		0.8	3 05	1993
	31. DATE FILED (Month, Day, Year)		11			Str	eet.	Ba	ltir	nore.	Mai	cyla	nd 21201
	AUG 11 1993	4	AR'S SIGNATURE		ए १							-	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ty be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First	, Middle, Lest)							2. DATE OF DEATH				PEATH D		
	SONDRA			TYL	ER		Monke		26	1993	2:30	P M			
	4. SOCIAL SECURITY NUMBER 215-36-1		6. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	(Monti	OF BIRTH Day, Year)	020	Count		
N.	9a. FACILITY NAME (If not in		96. CITY, TOWN OR LOCATION OF DEATH CAMBRIDGE					10	08 1		JNTY OF D	S.A. EATH STER	. MD.		
DIRECTOR	RESIDENCE OF DECEDENT														
1	10a. STATE		10c. CIT	Y, TOWN C								10d. INSIDE			
	MD.	נסע	rcheste	r		Ca		ridg				T 100 CD	TIZEN OF Y	1 TYES 2	
2	530	06 Spi	ring Dr	ive					161	3			.S.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2X 3 Widowed 4 Divo	Merried	12. WAS DECEDEN	T EVER IN U.S. AR		1	f yes, sp	CENDENT	OF HISPAI an, Mexics	NIC ORIGIN	7 (Specify Ye	_	14, RACI	E — American k, White, etc.	
8	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16a, DE	CEDENT'S	USUAL OC	CCUPATI	ON net of work	ina	16b	KIND OF BU	JSINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+1	No NOT us					pect	or-e	lect	ron	ics m	fg.
BE CON	17. FATHER'S NAME (First, M Willi		Clyde	Field	is			18. MOT			Wirg		Н	udson	
10	19a. INFORMANT'S NAME (yler								mbri			2161	3
	20a. METHOD OF DISPOSIT X Burial 2 Crematic 4 Dornation 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE / cometery, cre Dorche	AND DATE OF OR OR OR OR OR OR OR OR OR OR OR OR OR	of dispos ther place) Mem	ori	eme of al Pa	ark	7/29		mbri			
	21. SIGNATURE OF FUNERA		ENSEE transfer			22.	NAME A	ND ADDRI	ESS OF FA	CILITY	Chomas	Fun	eral	Home	
	- 1	,0,00							cust St. Cambridge Md. 21613 of dylng, such as cerdisc or respiratory arrest, Approximate						
	IMMEDIATE CAUSE (Fit disease or condition resulting in death)		s. DUE TO	1	Lon	Q H	len	~57/	ha	ge				100440.00	al Between and Death
CERTIFICATION	Sequentisity list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	diste ING	c	(OR AS A CONSEC											
EH	resulting in desth) LAS	T L	d												
	PART II. Other significe	ent condition	s contributing to	deeth but not r	esulting l	In the un	derlyln	g cause	given in	Part I.	24a. WAS A	N AUTOPSY	24b	. WERE AUTOP:	SY FINDINGS
MEDICAL	Hype	rter	אוטוא									RMED?		AMAILABLE PE COMPLETION OF DEATH? 1) YES 2	OF CAUSE
AN	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF I	DEATH (Ch	eck only or	(a)				
Sic	EXAMINER?		HOSPITAL: 1 Inputiant 2	ER/Outpetient 3	□ DOA	OTHER		ne 5,00A	asidenca	6 🗆 Othe	r (Specify)				
BY PHYSICIAN:		Pending Investigation	28a. DATE OF (Month, L		28b. TIM		28c. IN.	JURY AT ORK? YES 2			CRIBE NOW	INJURY O	CCURED		
	2 Accident Investigation 3 Suicide 6 Could not be determined Suicide 6 Homicide Security Secu					street, fact	ory, offic	ca			ATION (Street or Town, State		or Rural I	Route Number,	
COMPLETED	ALLEGA CO. TO SECURITY OF THE PERSON OF THE							rse(a) and mi			s) and manner	aa stated,			
TO BE C	296. SIGNATURE AND TITLE	r	orte	MD					C . M					(Month, Day, 1	
	J. W. Link	1 /2	CKE, M	0 111	Per	nn S	tre	eet,	Ba	ltim	ore,	Mar	ylar	nd 2:	1.201
	31. DATE FILED (Month, Day,	*93	32. REGISTRA	Davidson-M	andell	2									- 52

TOTAL STREET,

31. DATE FILES (MONES 95 1993

BALTIMORE, MARYLAND 21215-0020	Frours after death. Page 6 may be retained by the hospital or attending physician,	lied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pr., or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pob is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	iMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CEI	THICAT	E OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Mid CONSTANCE	LORRAINE		TUBAYA			2. DATE	OF DEATH	993 ^{vi}	FAR	3. TIME OF DEATH 10:45 P. M
	4. SOCIAL SECURITY NUMBER 216-22-2868	5. SEX 1 M 2 KF	6. AGE (In yrs. lest b	YRS. IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH C. Day, Year) Ra 24-2		BIRTHP Country)	MD
TOR	9a. FACILITY NAME (If not institut WELLESPRING I	NURSING CENT	ER			RNIE	DEATH		A NNE		ATH UNDEL
DIRECTOR	10e. STATE 10t	NNE ARUNDEL		ANNAP		ON					10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 808 CARROLLTO	ON AVE.			101.	ZIP CODE	401		10g. CITIZEN		S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merr 3 Widowed 4 Divorced	ried FORCES? 1	T EVER IN U.S. ARME YES 2 NO WAR OR DATES		WAS OECE if yes, spe- 1 YES	NDENT OF HISPA city Culpan, Maxic 2 NO Spec	ANIC ORIGIN can, Puerto F illy:	? (Specify Yea o	r No — 14.	RACE - Black, Space	American Indian, White, etc. AMERICAN
COMPLETED	(Specify only high Elementary/Secondary (0-12)	NT'S EDUCATION hest grade completed) College (1-4 or 5	(Give	DENT'S USUAL O kind of work done o NOT use retired.) PARKING	during mos	of working		KIND OF BUSIN	IESS/INDUST	TRY	
BE COM	12 17. FATHER'S NAME (First, Middle, WILLIAM PO	Cast) OYNTER		* TELEVITO	201	18. MOTHER'S N	AME (First, A	liddle, Meiden Su CARROLL			
10	190. INFORMANT'S NAME (TYPOFF ELAINA TUBAYA	A CARROLL	19b. A	AAILING ADDRESS		Number or Rura		er, City or Town,	State, Zip Cod	de)	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 4 Donetton 5 Other (Spe	clfy)		DODATE OF DISPOS tory or other place)	CRE	ATORY	DATE		TION — CITY ONSVI		
	CHARLES E	. HICKS 111	St Hice	加	OUSE		AI KS F.		922 F	ORE	401 ST DRIVE
	23. PART i. Enter the disease ahock, Dr heart iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	t ceused the deet se on eech line (OR AS A CONSEQUE	NA	the mod	e of dying, su	ch aa card	iec or reapirat	tory arrest		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEQUE		21						
MEDICAL	PART II. Other significent c	onditiona contributing to	death but not read	uiting in the ur	nderlying	ceuse given in	Pert I.	24a. WAS AN AU PERFORME 1 YES 2 D	ED?	A C	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO.	HOSPITAL:	ER/Outpatient 3 🗆	отне	A:	CE OF DEATH (C					
	27. MANNER OF DEATH 1 Netural 5 Pend	28e. DATE OF (Month, D	INJURY 2	8b. TIME OF INJURY M	28c. INJU	5 ☐ Residence RY AT K?	_	(Specify)	URY OCCURI	ED	
ETED BY	3 Suicide 8 Could	d not be mined 28e. PLACE O building,	F INJURY — At home, atc. (Specify)	, lerm, atreet, fect	lory, office		28t. LOCA City o	TION (Street end r Town, State)	Number or R	Bural Flou	rte Number,
OMPL		NG PHYSICIAN: To the best of exAMINER: On the basic of ex								use(a) e	and manner on stated.
O BE C	29b. SIGNATURE AND TITLE OF	aly 02	0,0	J . D.		29c. LICENSE NU	A 5	28 2	9d. DATE SIG	GNED A	Aonth, Day, Your) 26/93
-	30. NAME AND ADDRESS OF PER	A VACUAL LE	E OF OEATH (ITEM 2	7) (Type, Print)	ED	DNOD	124	DD	N in I	17.	, ,

... (6.75)

	_	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR ERTIF	TMENT O	F HEALTH AND OF DEATH	MENTA	HYGIEN REG. NO.	E	J 2	,0201	
		1. DECEDENT'S NAME (First, Middle, Last)	1.1		Talla			MON	E OF DEATH	Y	VEAR 3.	TIME OF GEATH	
		James 4. Social Security Number	M. 5. SEX 6.	. AGE (In yrs. le	Tolbe					1993		8:40A ·	
Pin		408-05-4595 9a. FACILITY NAME (If not institution, give at	1 € M 2 □ F	79	YRS.		AYS HOURS MIN.	Mar	th, pay, Year) Ch 23	1914	George		
3 should	Œ	Anne Arundel Medi		Ħ			wn or location of t nnapolis	DEATH			Y OF DEATH		
N.C	5	RESIDENCE OF DECEDENT								Artite	rviui	ruec	
	DIRECTOR	MD Anne	Arundel			v, town on i Vrnold						d. INSIDE CITY LIMITS? YES 2 Ano	
sit permi	FUNERAL	100. STREET AND NUMBER 7 Beechwood Road					101. ZIP CODE 2101	0				country? States	
physician. burial-transit	UNE	11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. AF	RMED	13. WAS	DECENDENT OF HISPA	ANIC ORIGI	N? (Specify Yes		I. RACE —	American Indian	
	ВУ	1 Never Married 2XX Married 3 Wildowed 4 Divorced	FORCES? 1 X IF YES, GIVE WAR WWI	OR DATES	NO	If yo	es, specify Cubert, Maxic YES 2/ XNO Spec	an, Puerto	Ricen, etc.)		Specify:	white	
he hospital or attending detached for use as the once.	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	ECEDENT'S Give kind of b. Do NOT us	USUAL OCCU work done during se retired.)	PATION ng most of working	16	b. KIND OF BUS	INESS/INDUS	TRY		
the hospital detached fo	MP		5 plus	Te	acher	L				lucati	.on		
# 6 ×	BE CO	Wheeler Tolbert						e Mc	Duffie				
be retained the 5 should a notified	TO E	Jane P. Tolbert		19	b. MAILING 7 Bee	ADDRESS (SI	treet and Number or Rural d Road Ar	nold	nber, City or Town	and 2	1012		
hours after death. Page 6 may be to the type director, page or temporal	v	20a. METHOD OF DISPOSITION 1	wel from State	20b. PLACE cemetery, cre	AND OATE	of DISPOSITIO	natory 7-3	0A 0 - 03		CATION — CH		state ryland	
. Page ral dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	17. 1	CICON	22. NAI	AE AND ADDRESS OF F	ACILITY 7	ohn M.	Taulo	7 FIII	noral Home	
ter death the tune year.		22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Holling Town of Gloucester St. Annapolis, MD											
within 24 pletely fill cremation, rent, the	_	23 PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Our fo (or as a conscouence or):										Approximata interval Between Onset and Death	
be execution and control to burian aumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	COP	R AS A CONSE									
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate ITO THE FUNERAL DIRECTOR: after this certificate has been signed by the attending physic be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene pric IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tr	MEDICAL (PART II. Other significent conditions	contributing to de	ath but not i	reaulting	n the under	rlying ceuse givan ir	Part i.	24a. WAS AN PERFOR	MED?	AVA COI OF	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
law re is bee ept. o ept. o													
N: The icate he State D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	D/Outration of		OTHER:	6. PLACE OF DEATH (C						
Sicial certification the certification of the certi	λH	27. MANNER OF DEATH	26s. OATE OF IN.	JURY	28b. TIM	E OF 286	Home 5 Residence	_	SCRIBE HOW IN	JURY OCCUI	RED		
VG PHY ter this ath wit	ВУР	1 Natural 5 Pending Accident Investigation	(Month, Day,	Year)	INJ	M 1	WORK?						
ATTENDII ECTOR: AI s after de		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF II building, etc.	NJURY — At ho . (Specify)	ome, farm, i	street, factory,	offics	28f. LOI City	CATION (Street s or Yown, State)	nd Number or	Rural Route	Number,	
ERAL DIRI	COMPLETE						dats and place, and du					d manner as stated	
E HOS E FUN d withi	ECC	MATURE AND TITLE OF CERTIFIER	N1 1				29c, LICENSE NU	MBER				nth, Day, Year)	
T CF File IMPO	TO B	The reserve	PheD	· D.	0.		H360	28		▶ 7		5-23	
		Dr. Steven Full	completed cause of 90						ryland	21401			
		JUL 2 9 199	22 REGISTRAS S Julia Dav	SIGNATURE	ndelle		,	·					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	t. Pages	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages the within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

I. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH			3. TIME OF D	HTA
DONALD	RAY	TA	YL	OR		SR.		7-2	3-19		YEAR	7:30	a .
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE OF			6. BIRT	HPLACE (State o	
214-46-4894	1 ₂ M 2 □ F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	2-26	-194	7		yland	
De. FACILITY NAME (If not institution, give s						OR LOCATION	ON OF D	EATH		9c. COU	NTY OF	DEATH	
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RESIDENCE OF DECEDENT 106. STATE 106. COUNTY	r -		t0c. CIT	ry, TOWN (OR LOCA	TION			- 7			tod. INSIDE C	TY
Md. Wico	mico		Sa	alis	bur	V						LIMITS?	□ NC
00. STREET AND NUMBER					_	. ZIP COD	E			t0g. CIT	ZEN OF	WHAT COUNTRY	?
807A Spring Av	e					2180)1			U.	S.A	١.	
It. MARITAL STATUS		NT EVER IN U.S. AR						NIC ORIGIN? an, Puerto Ric		or No—	Blac	E — American I ck, White, atc.	idlen,
Never Married 2 Married Widowed 4 XDivorced		WAR OR DATES				2. NO			, , , , ,		Spec	white	
15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATI	ON	_	16b. I	CIND OF BUS	NESS/IND		WILLCE	_
(Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of Do NOT u	work done	during mo	ast of working	ng	100.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8th	College (I-V GI S	,	char	nic					Auto	mot.i	Ve		
7. FATHER'S NAME (First, Middle, Last)						ts. MOT	HER'S N	AME (First, Mic			-		
Arie James T	aylor S	Sr.				Ma	ary	Jane	Sla	tche	er		
9e. INFORMANT'S NAME (Type/Print)		ter	b. MAILING	G ADDRES	S (Street	end Number	r or Rural	Route Numbe	r, City or Tow	n, State, Zip	Code)	•	
Doneton 6 Other (Specify) Doneton 6 Other (Specify) Doneton 6 Other (Specify) Doneton 6 Other (Specify) Doneton 6 Other (Specify) Doneton 6 Other (Specify)	CENSEE	CUSIC at caused the de	t Ba	apti 22.	st NAME A Oun	ds F	ss of F	eral	Home	, Sa	lis	Sbury,	M
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Departed 2 Cremetion 3 Rem Donation 6 Other (Specify) In SIGNATURE OF FUNERAL SERVICE LIG 22 PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications the Lies only one cata. DUE TO DUE TO C.	print caused the de ause on each line of the consecution of the consec	DOUENCE CO	B not enter	st NAME A Oun	ds F	ss of F	eral	Home	, Sa	lis	Sbury, Approx	Me Imate Bets
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Jule Daydson-Randale

31. DATE FILED (MONIN, DON YEAR)

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MARTEAND SIZIS-0020	nay be retained by the hospital or attending physician.
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1	. Раде 6 тау
DALIIMONE,	death.
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	4 hours after death.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	Ĺ
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be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI	MENT OF H	EALTH AND	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DEAT	н
	Annie M.	Tur	ner			Ju	ly 2	2 ⁶ 9	3	12:35	ам
	101 00 01			F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		. BIRTH	PLACE (State or For	
	101 - 0//4		2 YRS.	UATS UATS	HOURS MIN.		22/190	00		AD_	
œ	9a. FACILITY NAME (If not institution, give street		9		R LOCATION OF D	EATH		9c. COUNT			
5	Memorial Hosp	ital		on			Ta	1bc	t		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION					10d. INSIDE CITY	
	MD Quee	en Annne	Gra	asonvil	le					LIMITS?	NO
FUNERAL	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?	
Ä	Melvin Avenue	#314			21638			U	S.		
	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	V NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	7 (Specify Yes	r or No- 1	4. RACE Black	- American India, White, atc.	n,
BY	₩ Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specif	ty:			Specif	Blacke	_
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 16e	DECEDENT'S US	UAL OCCUPATION	N .	16b.	KIND OF BU	SINESS/INDU	STRY	214071	
		College (1-4 or 5 +)	life. Do NOT use n	k done during mo etired.)	st or working						
MP	12		House	ewife			dom	estic			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
8	Eilliam Whiti 190. INFORMANT'S NAME (Type/Print)	.CO	105 MAILING AS	DDF00 (0)	fl nd Number or Rural		ce Wil				
2	William Whitico			elvin A			Graso		,	D 21638	,
	20a, METHOD OF DISPOSITION 1	20b. PL#	CEANDDATEOF	DISPOSITION (Na	me of	DATE		CATION — CI			,
	4 Donation 5 Other (Specify)	Brya	ns U. M	L. Churc	ch	7-3		rasonv			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	iee 1)	22. NAME AN	D ADDRESS OF FA	CILITY F	'ooks	Funera	ıl S	ervice	
	Jussell G	1. Tooks		917 W.	. Isabel	la St	Sal	isbury	, M	D 21801	1
	23. PART I. Enter tha diseasea, or com ahock, or heart fallure. List	plications that caused the	death. Do not	enter tha mo	de of dying, aud	h aa card	liac or reap	ratory arres	nt,	Approxima	
	IMMEDIATE CAUSE (Final	A A	iiie.							Onset and	
	disease or condition resulting in death) a	Acute	MI								
		OUE TO (OR AS A COM	SEQUENCE OF):								
ON I	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COM	SEQUENCE OF):								
CAT	cause. Enter UNDERLYING									į	- 1
E	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):								
CERTIFICATION	d										
ALC	PART ii. Other aignificant conditions conditions	ontributing to death but n	ot resulting in t	tha underlying	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FIN	DINGS
Š	Cardianyapax	ly-Ischo	1010				PERFOR			AVAILABLE PRIOR T	
ME	AFib					_				DF DEATH?	
ż	CHF					_					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	0	26. PL THER:	ACE OF OEATH (Ch	neck only one	0)				
14S	1 YES 2 NO 27. MANNER OF DEATH	OSPITAL: Inpetient 2 = ER/Outpetien		☐ Nursing Home	5 Rasidence						
	1 Naturel 5 Pending	(Month, Day, Year)	28b. TIME O	Y WO		28d. DE\$	CRIBE HOW I	NJURY OCCU	REO		-
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — A	t home, farm, atre-			261, LOCA	ATION (Street a	and Number or	Rural Re	outs Number	-
COMPLETED	4 Homicide determined	building, etc. (Specify)					or Town, State)				
٦ ا	29a. CERTIFIER Check only	: To the best of my knowledge	, death occurred a	it the time, date	and place, and due	to the cau	se(a) and mar	ner se steted			
8		in the beale of examination and								and manner as sta	rted.
	296. SIGNATURE AND TITLE OF CERTIFIES	2 1 4 1 1			29c. LICENSE NUI	MBER		29d. DATE S	SIGNED	(Month, Bey, Year)	-
8	muchael &	USIUD			D42	-00	5	1 7	1/2	6/93	
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUGE OF GEATH	ITEM 27) (Type, Pri		. 01	11	44 .			V	
1	Michael Lees, M	D. Queer	Anne	Medic	al (tr	- 400	Mel	in Ave	Qu	eenstown,	ND
3	JUE 27 1993 gw	त्रेड्डिश्वराम् अर्थेस्ट्रिश्वराम् १६६५									
- 1											- 1

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	ICATE C	F DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF O	EATH DAY	YEAR	3. TIME OF OEATH
	Emilie	Thi		cole		0.7		1993	0232 M
	4. SOCIAL SECURITY NUMBER 212-33-6761	1 □ M 2 XXF	AGE (In yrs. lest birthday) 2 YRS.	MONTHS DAY	8 HOURS MIN.	7. DATE OF BI (Month, Day, May 3	Monel	8. BIRTI Count	HPLACE (State or Foreign try) Maryland
TOR	98. FACILITY NAME (If not institution, give st St. Mary's Hos RESIDENCE OF DECEDENT			-	n or Location of D			Ma:	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Califo			791	10d. INSIDE CITY LIMITS? V 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 223 Wildewood	Blvd.			101. ZIP CODE 20619		10g. C	USA	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes	DECENDENT OF HISPA specify Cuban, Maxic (ES 2 NO Speci	an, Puarto Rican,	etc.)	14. RAC Blac Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b. KIND	OF BUSINESS/I	INDUSTRY	
M	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First Middle	Maiden Sumama		
BE	Anh Ngoo	Vu	I an manua		Vick	ie	Lee	E13	sesser
9	Anh Ngoc Vu				et and Number or Rural d Blvd. C				19
	20g, METHOD OF DISPOSITION 1 (A Buriel 2 Cremetion 3 C Rame 4 Donation 8 Other (Specify)	ovel from State	20b. PLACE AND DATE comotory or duni 1 a Ta	OF DISPOSITION	(Name of		20c. LOCATION Lewist	— City or To	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIS	014		22. NAMI	AND ADDRESS OF FA	CILITY		,01111,	14.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	C MYOCARDITIS R AS A CONSEQUENCE O R AS A CONSEQUENCE O	F):					
		d.							
: MEDICAL	PART II. Other algorificant condition	e contributing to da	eth but not resulting	in the under	ing cause given in	Part I. 24e.	WAS AN AUTOPS PERFORMED? VES 2 NO	SY 248	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	neck only one)			
PHYSICIAN:	1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF IN. (Month, Day,	R/Outpetient 3 DOA JURY (ber) 285, TIN	IE OF 28c.	INJURY AT WORK?		elly) E HOW INJURY C	OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF II building, etc	NJURY — At home, farm, (Specify)			28I. LOCATION City or Tow	(Street and Numi rn, State)	ber or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY ONE) 2 MEDICAL EXAMINE		knowledge, death occurr						a) and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NU	MBER	29d. D	ATE SIGNED	O (Month, Day, Year)
TO B	Theoden My Fr	a me			OCN	L F	•	7 30	1993
	30. NAME AND ADDRESS OF PERSON WHITE DO RE M. (4) 31. DATE FILED (Month, Day, Year) AUG 1 1 1993		111 PE		reet. Ba		re. Ma	ryla	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH-16 Rev 1/89

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1. DECEDENT'S NAME (Fin	st, Middle, Last)				1				2. DATE	OF DEATH		MEAN	3. TIME OF DEATH
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4. SOCIAL SECURITY NUM 213 54 5533		5. SEX	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE (Monti	OF BIRTH 1, Day, Year) 4/09		Count	IPLACE (State or Foreign ny)
9e. FACILITY NAME (If not		street end number)			9b. CITY	TOWN	OR LOCATI	ION OF DE	-	4/03	9c. COU	NTY OF D	
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Maryland	Calv	vert		Pri	nce	Fred	leric	:k					LIMITS?
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8	, ,			ousew	ife					home			
17. FATNER'S NAME (First,	Middle, Last)			JUBEN	110		18. MOT	NER'S NA	ME (First, I	Middle, Maiden	Surname)		
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194. INFORMANT'S NAME			19	b. MAILING	ADDRESS	(Street	nd Numbe			ber, City or Town		Code)	
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FOR STATE REGISTRAR	STATE OF M	CEF	THE LAND		LICALD					
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Elizabeth I	Frances		WATSO	N		монти 7 18	1993	YEAR	2:45	n
4. SOCIAL SECURITY NUMBER 443 07 1479	5. SEX 1 M 2 7 F	6. AGE (In yrs. last bi	YRS. IF UND	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 11-1-19		Country)	ACE (State or TX	Foreign
99. FACILITY NAME (If not Institution, given Calvert County		Center			Frederic		9c. COUNT	Calve		
MD Cal	vert		10c. CITY, TOWN		rederick				Dd. INSIDE CI' LIMITS?	
100. STREET AND NUMBER 85 Hospital Ro	ad				20678		10g. CITIZE		AT COUNTRY	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARME YES 2 NO AR OR DATES		If yes, sp		HC ORIGIN? (Specify) n, Puerto Ricen, etc.)	Yea or No- 14		- American in White, etc. Whi	
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17. FATHER'S NAME (First, Middle, Lest)					18. MOTNER'S NA	ME (First, Middle, Maide	en Sumame)	-		-
Anton Fra	ank Pas	tusek			Josephi		Gornelle)	Н	olub	
19e. INFORMANT'S NAME (Type/Print) Marie A. Hill		19b. A			nd Number or Rural	Route Number, City or R	own, State, Zip Ci 20754		Ш	
20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Ro 4 □ Donation 5 □ Other (Specify)	amoval from State	20b. PLACE AND cemetery, crema Metro	DDATE OF DISPO				Alexano			
21. SIGNATURE OF FUNERAL SERVICE										
► William A	. 9/102		22	Rausc	h Funera	1 Home, P				
23. PART I. Enter the disesses, on ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	r complications that e. List only one caus	se on each line.	h. Do not ente	Rausc	th Funera	1 Home, P	piratory arres	nt,	Approxision interval Onset as Man	nate Betwe
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4. SOCIAL SECURITY NUMBER 218-16-3097 1	33 23201
218-16-3097 1 M N 2 F 70 VRS. WOMM'R DAY HOUNG MR. 1. C. Farty Colors of New Well Colors & New Well	3. TIME OF DEATH 9:45 A M
Residence, Rt. 227 Residence Residenc	BIRTHPLACE (State or Foreign Country) Maryland
The street and number Route 227 (Residence) 106. STREET AND NUMBER ROUTE 227 (Residence) 11. MARITAL STATUS 11. MARITAL STATUS 11. May remarked 2 Merried 3 Merried 1 Merrie	harles
Second Specify Speci	10d. INSIDE CITY LIMITS? 1 YES 2 XXO
Second Specify Speci	ZEN OF WHAT COUNTRY? USA
196. INFORMANT'S NAME (Type/Print) Beulah B. Winkler 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Rown, Stelle, Zip P. O. Box 128, Pomfret, Md. 20675 206. METHOD OF DISPOSITION Competent 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE Of United Accessed 22. NAME AND ADDRESS OF FACILITY HUNTLE Funeral Home P. O. Box 156, Waldorf, Md. 23. PART I. Enter the diseases, or complicational that caused the deeth. Do not enter the mode of dying, such sa cerdiec or reapiratory arresponding to the cause of the cause on each line.	14. RACE — American Indian, Black, White, etc. Specity: White
196. INFORMANT'S NAME (Type/Print) Beulah B. Winkler 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Rown, Stelle, Zip P. O. Box 128, Pomfret, Md. 20675 206. METHOD OF DISPOSITION Competent 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE Of United Accessed 22. NAME AND ADDRESS OF FACILITY HUNTLE Funeral Home P. O. Box 156, Waldorf, Md. 23. PART I. Enter the diseases, or complicational that caused the deeth. Do not enter the mode of dying, such sa cerdiec or reapiratory arresponding to the cause of the cause on each line.	USTRY
Beulah B. Winkler 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Rural, Zip P. O. Box 128, Pomfret, Md. 20675 206. METHOD OF OISPOSITION OATE 20c. LOCATION — Captatory of other (Specify) 20c. Location — Captatory of other (Specify) 20c. Location — Captatory of other (Specify) 21. Signature of other (Specify) 22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home P. O. Box 156, Waldorf, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrangements and the cause of the cause of the captatory are shock, or heart fellure. List only one cause on each line.	
Burlei 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 11. Signature of Fundat Service Ucesset Mary Land Veterans 1 Cemetery 7-28 Chelter 22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home P. O. Box 156, Waldorf, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrespications. IMMEDIATE CAUSE (Final	Code)
22, NAME AND ADDRESS OF FACILITY HUNTT Funeral Home P. O. Box 156, Waldorf, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrespinatory arrespira	city or Town, State Tham, MD
IMMEDIATE CAUSE (Final	20604-0156
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PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 [] JAC	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO	
27. MANNER OF DEATH 1 Natural 5 Pending 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 1 YES 2 NO 281. INJURY AT WORK? 1 YES 2 NO	CUREO
3 Suicide 8 Could not be determined 4 Homicide 4 Homicide determined determined	or Rural Route Number,
29e. CERTIFIER (Check only orie) 29e. CERTIFIER (Check only orie) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner ee state one) 2 MEDICAL EXAMINER: On the best of exemination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the	
	SIGNED (Month, Day, Year)

., Old town Hall Building, P.O.Box 430, LaPlata, MD.

32. REGISTRAR'S SIGNATURE

Julia Davidson Rendett.

OHMH-18 Rev 1/89

Arthur O. Wooddy, MD.

31. DATE FILEO (Month, Day, Year)

JUL 29 33

PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

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val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit permit.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE REGISTRAR	STATE OF MAR			HEALTH AND		HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		1		-	2. DATE OF		(6.2	CEAR 3. TO	ME OF DEATH
	HRTHUR 4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	BIDTU .	,199	3	E (State or Foreign
	223-16-0471	1 M 2 🗆 F	91 YRS.	MONTHS DAY		(Month, D	32-0		Country)	nia.
œ	9a. FACILITY NAME (If not institution, give st		ornimen.		N OR LOCATION OF			9c. COUNT	Y OF DEATH	
DIRECTOR	PENINSULA REGION. RESIDENCE OF DECEMENT	AL MEDICAL	CENTER	SAI	LISBURY			WIC	COMICO)
IR.	10a. STATE 10b. COUNTY			Y, TOWN OR LO						INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	omack		tlant	10f, ZIP CODE			10a, CITIZE	N OF WHAT	YES 2 NO
FUNERAL	30270 Paige-	Fisher Re	<i>1.</i>		233	03		u	ISA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 100	If yes,	ECENDENT OF HISP specify Cuban, Mexi ES 2 NO Specific	ANIC ORIGIN? (S	Specify Yes o	or No— 14	Black, White Specify:	Merican Indian, 18, stc. Slack
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. Ki	NO OF BUSI	NESS/INDUS	TRY	HUCK
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Lac	SOICE		AME (First, Mide	dle, Maiden S	umame)	94	
BE C								,		
5	Ada P. Wilso	on	196. MAILING P.O. B	OX 65	et and Number or Run	1/4	City or Town,	State, Zip Co	ode)	
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	oval from State	20b. PLACE AND DATE	ther place	(Name of	DATE	20c. LOC	ATION - CH	y or Town, St	ats
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22 NAME	AND ADDRESS OF	FACILITY	A HT	(CCF)D	CIVI	<u> </u>
		11/1/	8	1	BOX 174		330) [
I	23. PART I. Enter the diseases, or c ahock, or heart failure. I	omplications that ceu List only one ceuse of	n each line.	not enter the	mode of dying, au	ich aa cerdiad	or respire	story arres	t,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Car	In ala	1001	Arms	4				Onset and Death
	resulting in death)	DUE TO (OR /	AS A CONSEQUENCE O	FIE O	14 262)				-	
NO	Sequentially list conditions,	DUE TO (OR A	AS A CONSEQUENCE O	F):						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	£							į	
TIF	that initiated events resulting in deeth) LAST	DUE TO (OR A	AS A CONSEQUENCE O	F):						
	PART II. Other significent conditions	s contributing to deal	h hut not moultine	la Aba wadada		- 5 - 1 -				
CAL	The state of the s	E contributing to deet	in but not resulting	in the underly	ing ceuse given i		PERFORM	IEO?	AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE
MED						'	☐ YES 2	Ng	OF DI	YES 2 (NO
AN	25. WAS CASE REFERRED TO MEDICAL									(
SICI,	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	PLACE OF DEATH (€				_	
PHYSICIAN: MED	27. MANNER OF DEATH	28s. DATE OF INJU (Month, Day, Ye	RY 28b. TIM	E OF 28c.	INJURY AT WORK?	26d. DESCR		JURY OCCUP	RED	
B	Detural 5 Pending Investigation			M 1	YES 2 NO		-:			
TED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (URY — At homs, farm, : Specify)	mreet, rsctory, o	псе	City or T	ON (Street an lown, State)	d Number or	Rural Route N	lumber,
COMPLETED		CIAN: To the best of my ki								menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE N				IGNED (Mogri	
면 일	Shall Ckn				1034	+ 976	2	1 7	416 9	3
	30. NAME AND ADDRESS OF PERSON WHO	SN 15.12	DEATH (ITEM 27) (Type	Print)	SNIA	(ENTE	2	SAT.	1 1	4 MA
3	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S S	IGNATURE		27/4/0		. —	730	1,00	1,100
ノ II	1111 2 () 1993	A when to have	or Morroson							

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR DECEDENT'S NAME (First, Middle, Last		CERTIF			REG. N			3. TIME OF DEATH
PAUL	Edward	WE	LSH JR		07 25	DAY 1	993	10:04P
SOCIAL SECURITY NUMBER 215-56-5434			n yrs. lesi birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR HOURS		7. DATE OF BIRTH (Month, Day, Year) 4-21-194		8. BIRTI	HPLACE (State or Foreign try)
	44 YRS.						many	
FACILITY NAME (If not institution, give 705 W. 36th			BALTI	MORE	EATH		ltime	
e. STATE 10b. COUN	птү	10c, CITY	, TOWN OR LOCA	TION				10d, INSIDE CITY
Maryland Ba	altimore	Ba	altimore					LIMITS?
o. STREET AND NUMBER	X = 0 = 0 = 0	1 20		of, ZIP CODE		10a, Cr	TIZEN OF	WHAT COUNTRY?
705 W. 36th Stre	eet			21211				S.A.
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR WAR OF	ES 2XNO	If yes, s	CENDENT OF HISPAI pecify Cubin, Mexica S 2 X NO Specif	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yes or No—	Blac	E — American Indian, ik, Whita, atc.
	79							WILLCO
15. DECEDENT'S EE (Specify only highest gra-	DUCATION de completed)	16a. DECEDENT'S (Give kind of w	rork done durina m		16b. KIND OF E	USINESS/IN	DUSTRY	-17.0
Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT us Counse			4.0			
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Paul Edward	Walch Sr				ME (First, Middle, Meid .se M. Haf	,		
. INFORMANT'S NAME (Type/Print)	MCTDII OT .	Joh MANAGA	ADDRESS (Own)		Se M. Hai			
Françoise M. Jo	nes				nster, Md.			
. METHOD OF DISPOSITION			rage ra	· NCSCILLI	DUCE, Fid.	211) (
		20h BI ACE AND DATES	E DIEDORITION /AI	lama of	000	CONTION	Ott T.	0
	moval from Stata	20b. PLACE AND DATE Of cometery, crematory or old	her place)			LOCATION		
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Penn Street, Baltimore, Maryland

31. DATE FILED (Month, Day, Year)
JUL 2 9 '93

111

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
THEY DONE MK INC. 111 Per

2120



State of the state

orthicascillate religioner

TO BE

G.M. Breza, MD
31. DATE FILEO (Month, Day, Year)
JUL 21 1993

TO THE MOSPITAL OR ATTENDING PHYSICIAN: THE Law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra
be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burlar, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STAT	E STRAR	STATE OF I		/ DEPAI					MENTAL HYGIEN	lE .	3	23210
1. DECEDER	IT'S NAME (First, Middle, Last		V:			11 - 2 -		_	2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL	SECURITY NUMBER	5. SEX	een Vi			WE TH	ner IF UNDER	24 MDC	7. DATE OF BIRTH		93	9:05 a PLACE (State or Foreign
216-	18-1049	1 🗆 M 2 💢 F	70	YRS.	MONTHS	7	HOURS	MIN.	(Month, Day, Year) 02 02	23	Country	yland
	Y NAME (If not institution, give	^	70		9b, CIT	Y. TOWN (OR LOCATE	ON OF DE			NTY OF D	
Fro	stburg Hospi	tal Inc				rost					lega	
	NCE OF DECEDENT											
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	T AND NUMBER					10	. ZIP CODI			10g. CIT		HAT COUNTRY?
	e 1, Box 9						215				USA	
	Married 2 X Married red 4 Divorced	12. WAS DECEDED FORCES? 1 IF YES, GIVE V	NT EVER IN U.S. / I YES 2 MAR OR DATES	ARMED	13.	MAS DEC	CENDENT O	F HISPAN n, Mexica Specify	IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	s or No—	14. RACE Black Specif	- American Indian, , White, atc. y: White
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	S NAME (First, Middle, Last)								ME (First, Middle, Maider	Sumama)		
	ge Donius		-				Ro	se F	orter			
	MANT'S NAME (Type/Print)								Noute Number, City or Tox			
	onsus D. V	leimer	R	?t. 1	, B	ox S	96;	Lona	aconing,	Mary	/lan	d 21539
1 LY Buriel	00 OF DISPOSITION 2 Cremation 3 Res	moval from State	20b. PLAC	EAND DATE	OF DISPO	SITION (No	eme of	77	OATE 20c. LC	OCATION —	City or Ton	wn, State
	ion 5 Other (Specify)		_ St.	Ann	s Ce	met	ery		17/15 Av	ilto	n. N	1aryland
21. SIGNATE	URE OF FUNERAL SERVICE L	ICENSEE			22	. NAME AI	ND ADDRES	SS OF FAC	al Home:			
	d) Jum) I lei	ma	w	G	rant	cvi	116	Marylar	o, r	A.	6
23. PART	I. Enter the dispuses, or	complications the	t ceused the	desth. Do	not ente	r the mo	da of dyl	ng, such	s cerdiec or resp	iratory an	rest,	Approximata
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.coana	in douting .		OR AS A CONS				7.7.					1
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	Verous	irentlis	2						1 TES	S WO		OF DEATH?
		11	7									1 YES 2 NO
	SE REFERRED TO MEDICAL	1			_	28. PL	ACE OF O	EATH (Che	ock only one)			
EXAMIN 1 YE	ER? S 2,2 NO	HOSPITAL:	BR/Outpatient	3 DOA	OTHE	R:			8 Other (Specify)			
27. MANNER		28e. DATE OF	INJURY	28b. TIM	AE OF	28c. INJ	URY AT	- I	28d. OESCRIBE HOW	INJURY OCC	CURED	
1 Nut		(Month, E	Ally(, Year)	IN.	JURY		PRK? YES 2] NO				
2 Acc	-	28a. PLACE C	F INJURY — At I	home, larm,	street, fed	tory, offic			281. LOCATION (Street	and Number	or Rural R	oute Number,
4 🗌 Hor		bullaing,	etc. (Specify)						City or Town, State)		
29a. CERTIF	IER 1 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge	death occur	red at the	time, data	and place	and due	to the cause(s) and me	nner en el-t	ad	
(Check one)	2 MEDICAL EXAMIN											and manner as stated
29h SIGNA	VIE AND TITLE OF CERTIFIE											
	La	In.	MO				ZYC. LICE	NSE NUM	2 -	29d. DAT	SIGNED	(Month, Day, Year)
1	TW V	-/ X	4 . 14 /					12))]		///	7/77

PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

Cumberland MD 21502

912 Seton Dr.,

32. REGISTRAB'S SIGNATURE

	physiciar physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra		
	r attending	use as the		
	hospital or	iched for		
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	ecuted wit	nd comple	burial, cre	rtic ever
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	ath certific	tending p	al Hygiene	or othe
	at the de	by the at	and Ment	v Inluny
	adnires th	en signed	of Health	hows an
	The law	te has be	ate Dept.	8m 23 s
	YSICIAN:	s certifica	ith the St	ed. or it
	NOING PH	I: After thi	r death w	is marke
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence
	HOSPITAL	UNERAL	rithin 72 h	ANT: If I
	THE P	TO THE F	be filed w	MPORT

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93 23211 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 93^{YEAR} 3. TIME OF DEATH 2 PAY MONTH 07 KATHLEEN F WARNICK 9:00 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 04 06 36 DAYS 211-36-8834 57 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FROSTBURG HOSPITAL INC FROSTBURG ALLEGANY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD GARRETT 1 TES 2 NO GRANTSVILLE FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? STAR RT 106 21536 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 — YES 2 M NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES BY Spec#WWhite 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET entary/Secondary (0-12) 11th Grade Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Earl Bittinger Pauline Broadwater 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert R. Warnick Star Rt. Box 106. Grantsville. MD. 21536 20g. METHOD OF DISPOSITION
1 \(\Delta \) Burial 2 \(\Delta \) Cremation 3 \(\Delta \) Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 7-23 Grantsville, MD. Grantsville Cemetery 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A. Human uth 155 Main St., Grantsville, MD. 21536 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata ahock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ARTEROSCLEROTIC HEART DISEASE resulting in death) OUE TO (OR AS A CONSEQUENCE OF): DIABETES CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED: AMILABLE PRIOR TO RECENT BILATERAL AMPUTATIONS COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 ☐ Inpetient 2 ☐ ER/Outpetlant DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Metural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datarmined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINUTE: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF GERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ybar) 8 DPTY MED EX D 09157 07 21 93

CUMBERLAND, MD 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) UVL 231993

PAUL SNOW, MD

E AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

124 W 3rd ST

rlW

USA

11th Grade

'rl Bittinger

't R. Warnick

"Henrian"

Homemaker

Own Home

Pauline Broadwater

Star Rt., Box 106, Grantsville, MD. 21536

7-23 Grantsville, MD

Grantsville Cemetery

Newman Funeral Homes, P.A. 155 Main St., Grantsville, MD. 215

1 -	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
9	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH 3. TIME OF DEATH					
		BEVER	LY L.		WAKE	FIEI	JD		July 26, 1993			3	8:24 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE O	7. DATE OF BIRTH (Month, Day, Year) 5/13/27		8. BIRTH Count	HPLACE (State or Foreign	
	213-24-5901	1 🗌 M 2 💢 F	66	YRS.				1771		/27			MD	
œ	9a. FACILITY NAME (If not institution, give s Memorial Hospi				9b. CITY	0.00	R LOCATION		HTA			NTY OF D		
6	RESIDENCE OF DECEDENT	Lai				Cul	ber1	and			AI	lega	iny	
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Florida Brev	<i>r</i> ard		Sate	llit	e Be	each						1 X YES 2 NO	
A I	10e. STREET AND NUMBER						. ZIP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY?	
FUNERAL	410 Finch Drive	12 WAS DECEDED	IT EVER IN U.S. ARI	450		-	32937		NIC ORIGIN? (Specify Yea or No.— 14					
	1 Never Married 2 Married		YES 2 N			If yes, sp	ecify Cuba	n, Maxicai	n, Puarto Ri	(Specify Year can, etc.)	or No—	Black	E — American Indian, k, White, atc.	
BY	3 Widowed 4 Divorced	ir tes, dive t	MR ON DATES			1 U YES	2 NO	Specify	hy:				white	
TED	15, DECEDENT'S EDU- (Specify only highest grade		(GA	ve kind of s	USUAL O	CCUPATIO	ON st of workin	ıa	16b. I	KIND OF BUSI	NESS/IND	USTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5	He.	Do NOT us	e retired.)									
COMPLET	17. FATHER'S NAME (First, Middle, Last)		- In	omen	aker		U.S. editoria	e di con		Wn Ho				
	Roy L. Frantz								, ,	ddle, Maiden S	iumame)			
BE (19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	S (Street a			(Luc	cas) r, City or Town,	State 7in	Cords)		
2	Charles L. Wake	field											2937	
	20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State													
cemetery, crematory or other place) 4 Donation 5 Other (Specify) Smithshire Crematorium 7/28/03 Smithshire MD										MD				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES	GH/		22.	NAME AN	ID ADDRES	S OF FAC		ght Fi				
	William	J.7) M	OW						r St.	, Cuml	berla	and,	MD 21502	
	23. PART I. Enter the diseases, or cahock, or heart fellure.	complications that	t caused the decise on each line.	th. Do r	not enter	the mo	de of dyl	ng, auch	h aa cerdi	c or reepin	atory arr	eat,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute MyoCardial Infarction Respiratory failure Onset and Death a													
	resulting in death) OUE TO (DR AS A CONSEQUENCE OF):													
_		0			,	1010	10							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF):													
<u>S</u>	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEDUENCE OF):												
ËI	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSED	UENCE OF	F):									
ij		d												
CAL	PART II. Other algolficant condition	e contributing to	deeth but not re	aulting	n the un	derlying	cause g	iven in i	Part I.	44. WAS AN A		24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
									_	T YES 2			COMPLETION OF CAUSE OF DEATN?	
M				_					_	/	•		1 TES 2 NO	
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL					20 01	ACE DE A							
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE DF OEATN (Check only one) 28. PLACE DF OEATN (Check only one) OTHER: OTHER: OTHER: OTHER: OTHER:											
Ĭ	27. MANNER OF DEATH	20a. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT	sidence		Specify) RIBE NOW IN.	JURY OCC	URED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, 1647)	INJ	URY M		RK? 'ES 2 [] ND						
	3 Suicida 6 Could not be	20e, PLACE O building,	F INJURY — At hon atc. (Specify)	ne, tarm, s	treet, fact	ory, office	-			ION (Street en Town, Stete)	d Number	or Rural F	Route Number,	
COMPLETED	4 Homicide detarmined									, 0.0.0)				
린		CIAN: To the best of												
Į	2 MEDICAL EXAMINE	R: On the basis of a	camination end/or in	rveatigatio	n, in my o	pinion, de	eath occur	ed at the t	tima, data a	nd place, end	due to the	e cause(a) and manner so stated.	
H H	29b. SIGNATURE AND TITLE DF CERTIFIER	U as h					29c. LICE	NSE NUM 4442			29d. DATE	SIGNEO	(Month, Day, Year)	
စ္	30. NAME AND ADDRESS OF PERSON WHO	,					U	2442	,)		> 7	127	7193	
	Dr. Anil Singh,	600 Mein	orial Av	enue	, Cu	mber	land	, Ma	rylar	nd 2	1502			
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE	11.71.77										
	JUL 28 1993 Fristing													

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Por filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Ethore en a

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Progress filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burlal, cremation, or removal.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	3
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	P
	-UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	200

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR STATE REGIST
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ĺ	EARL
	4. SOCIAL SE
1	214-0
ľ	9a. FACILITY
	Men
ľ	RESIDENC
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١	MD
H	10e. STREET
	P.C
ı	11. MARITAL S
H	1 Never Me
	3 Widowed
19	E1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR				CE	niir	ICAI	E UF	DEA	IH	REG. NO.					
	1. DECEDENT'S NAME (First, EARL	, Middle, Lest) WAL ¹	rer	ER WILLISON						.]		25 1993 9:04				
	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (II	n yrs. last i			R 1 YEAR	IF UNDER	_	7 DATE OF BIRTH			PLACE (State or Foreign		
	214-05-974	1 □XN 2 □ F		7 9	YRS.	MONTHS	1	HOURS	MIN.	(Month, Day, Year) 05–18–1914		Country)			
	9a. FACILITY NAME (If not in	stitution, give s	street and number)							ON OF OEA	тн		NTY OF DE			
DIRECTOR	Memorial		tal				C	UMBI	ERLA	ND		ALL	EGAN	ΙΥ		
5	RESIDENCE OF DECEDENT															
2		10b. COUNT				10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?		
	MD	Al	.legany			S	Spri	ng G	ap					1 YES 2 NO		
A	10e. STREET AND NUMBER							10	. ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?		
FUNERAL	P.O. Box	55							2:	1560		Ţ	JSA			
5	11. MARITAL STATUS		12. WAS DECEDEN				13.				C ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian, White, etc.		
	1 Never Married 2	Merried	FORCES? 1 IF YES, GIVE W	L-YES AN OR OA	2 NO)				n, Maxican, Specify:	Puerto Rican, etc.)		Black, Specify			
B	3 Widowed 4 Divo	rced	WW	II					- 127.0	apoony.			эрвспу	white		
	15. DEC	EDENT'S EDU	CATION	125	16a. DECI	EDENT'S	USUAL C	OCCUPATION	ON		16b. KIND OF BUS	INESS/INE	DUSTRY			
<u> </u>	Elementary/Secondary (0		College (1-4 or 5+	,	life. D	o NOT us	e retired.)	auring mo	st of working	ng						
<u>a</u>	unknown		_		1	reti	red				Tire	e Co.	•			
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)							18. MOT	HER'S NAM	E (First, Middle, Maiden	Surname)				
	John W	Jilliso	าท							nmn						
BE	19a. INFORMANT'S NAME (7)		707		19b.	MAILING	ADDRES	S (Street a	nd Number	or Rural Ro	oute Number, City or Town	State Zir	Corfe)			
5	Mrs. Hile	da Wil	licon							g Gar		77 -1-1-1-7	3343)			
	20a, METHOD OF DISPOSITI	ION		20b			_			ig ou		CATION	City of Tow	n Ctata		
	20a. METHOD OF DISPOSITION 1										1	20c. LOCATION — City or Town, State Flintstone, MD				
i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROCKY Gap Veterans Cem. 7-20 FIIntstone,											C, 115				
ŀ			111		1	/ .					meral Hom	e				
	Jana	07	X/Cor	IA	11	1		Cun	berl	and.	MD 21502					
	23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the order of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Between															
	IMMEDIATE CAUSE (Final															
ĺ	disease or condition All All All All All All All All All Al															
	resulting in death) a. Out to consequence or:															
z	FIVE M															
은	Sequentially list conditions, the distribution of the consequence of t															
CERTIFICATION	cause. Enter UNDERLY! CAUSE (Disease or Inju	NG .	. ((41)												
Ē	that initiated avents		DUE TO	OR AS A	CONSEQU	ENCE OF	1:									
E	resulting in death) LAS	' (.	d.													
	PART II. Other significan	et condition	n manufacture to						9110776387		The second		_			
EDICAL	PART II. Other significa	nt condition	a contributing to	death bu	it not res	sutting i	n the u	nderlyin	g cause s	plven in P	Brt I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
8											1 □ YES 2	V NO	39	COMPLETION OF CAUSE OF DEATH?		
M												^	- 8	! □ YES 2 □ NO		
z I	t □ YES 2 □ NO															
₹ I	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						26. PL	ACE OF D	EATH (Chec	k only unej					
BY PHYSICIAN:	1 TYES 2 NO		HOSPITAL:	ER/Outpii	tient 3)	COOA	4 Nu		e S II Re	sidence S	Other (Specify)					
ξI	27. MANNER OF DEATH		28s. DATE OF			29b. TIMI	E OF	26c. 06J	URY AT		28d. DESCRIBE HOW IN	LJURY OC	CURED			
7		Pending Investigation	(Month, Da	sc Hear)		INJ	M		FICT YES I	I NO						
	* FT # 444	Could not be	284. PLACE OF	INJURY -	- At home	e, farm, s	treet, fac	tory, office		1	Bit. LOCATION (Street a	nd Number	or Romi Ro	uto Number		
		Setermined	building, o	etc. /Specif	1/1						City or Yawri, Statel			CHE ALCOHOLOGO		
COMPLET	29a. CERTIFIER	IEVING DUVE	CIAN: To the heat of		4 4 4											
₹											the cause(a) and man					
8		-	.1	enmiation:	andror my	- anigation	i, in my	opinion, a	aath occur	ed at the tir	me, data and place, and	dua to th	a cause(a)	and manner as stated.		
29b. SIGNATURE AND THER 29d. DATE SIGNED AMORE										Month, Day, Moor)						
<u>6</u>			XW/W	1	1	/				160	141	> '/	141	>75		
-	30. NAME AND ADDRESS QE															
	DR TERRY	WIL	LIAMS ME	EMOR	IAL	НО	SPI	TAL	MED	ICAL	BLDG CU	JMBE	RLAN	D MD		
-	31. DATE FILED (Month, Day,)	S .007	32. REGISTRAF			الممال										
- 11	446 6	0 1323			T	10	-									

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760, BALTIMORE, MARYLAND 21215-0020	d within 24 hours after death. Page 6 may be retained by the hospital or attending	impletely filled in by the funeral director, page 5 should be detached for use as the cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE (STATE REGISTRAR	OF MARYLAND / DI CER	EPARTMENT OF		MENTAL HYGIENE REG. NO.							
ī	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DAY		3. TIME OF DEATN					
	William Al	don Wil				1993	11:35					
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birt	MONTHS DAVI		7. DATE OF BIRTH (Month, Day, Year)	B. BIRTH Countr	PLACE (State or Foreign					
ÿ	214-07-7943 XX ^{M 2}		YRS.	DR LOCATION OF D	11 11 19	04 Ma:	ryland					
œ	9a. FACILITY NAME (If not institution, give street and numb	EATH										
5	William Hill Healt	h Care Cem	1. Cam	ridge		Dorc	hester					
3,0	10a. STATE 10b. COUNTY	10	Dc. CITY, TOWN OR LOC	ATION			10d. INSIDE CITY					
5	MD. Dorchest	er	Cambri	dge		LIMITS?						
IAL	10e. STREET AND NUMBER			Of. ZIP CODE	1	WHAT COUNTRY?						
FUNERAL DIRECTOR	1307 Goodwill Av	3	U.S.	Α.								
FU	1 Nover Married 2 V Married FORCES	ZEDENT EVER IN U.S. ARMED? 1 YES 2K NO		ECENDENT OF HISPAI	NIC DRIGIN? (Specify Yes or in, Puerto Rican, etc.)	r No- 14. RACE Black	— American Indian, t, White, etc.					
B≺	3 Widowed 4 Divorced IF YES, 0	GIVE WAR OR OATES	1 🗆 Y	S 2 🛛 NO Specif	y:	Speci	r white					
	15. DECEDENT'S EDUCATION	16a. DECED	ENT'S USUAL OCCUPA	TION	16b. KIND OF BUSIN	IESS/INDUSTRY						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Tr. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Carpenter, repairman furniture, retail 18. MCTNER'S NAME (First, Middle, Maiden Surmarne)												
												17. FATHER'S NAME (First, Middle, Linst)
B	Thomas 199, INFORMANT'S NAME (Type/Print)	Willey			toria		own)					
2	Mrs. Mildred M. Wil				., Cambri		21612					
	20a. METHOD OF DISPOSITION	20h PLACE AND	DATEDFDISPOSITION		OATE 20c LOCA							
	1X Burial 2 ☐ Cremation 3 ☐ Removal from Sta 4 ☐ Donation 5 ☐ Other (Specify)	te cemetery cremate	on or other place!		7/30 Cam							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	· DOT CHC		AND ADORESS OF FA	CILITY							
	> Kennett R 3	Um gr	700	Locust	St. Cambr:	idge Mo	al Home d. 21613					
	23. PART I. Enter the diseases, or complication shock, or heart fallure. List only on	s that caused the deeth.	. Do not enter the n	ode of dying, suc	h aa cardiac or respirat	tory arrest,	Approximate interval Between					
- 1	IMMEDIATE CAUSE (Final											
	disease or condition resulting in death) a. CHF											
	OUE TO (OR AS A CONSEQUENCE OF):											
<u>o</u>	Sequentially list conditions, If any, leading to immediate oue to (or as a consequence of):											
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury											
Ē	that initieted events	JE TO (OR AS A CONSEQUE	NCE DF):									
CERTIFICATION	resulting in death) LAST											
AL C	PART II. Other significent conditione contribution	ng to death but not reeu	iting in the underly	ng ceuse given in	Part I. 24a. WAS AN AU		WERE AUTOPSY FINDINGS					
질					PERFORME 1 YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE					
WE							OF DEATH? 1 YES 2 ND					
ż												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHER:	PLACE OF DEATH (Ch	eck only one)							
PHYSICIAN: MEDIC	1 YES 2 ND 1 Inpatien	t 2 🗆 ER/Outpatient 3 🗆 [DOA 4 Hursing H	me 5 🗆 Residence	6 ☐ Other (Specify)							
표	27. MANNER OF DEATH 26a. DA 1 Netural 5 Pending	TE DF INJURY 28 onth, Day, Year)	INJURY \	JURY AT ORK?	28d. DEŞCRIBE HOW INJI	URY OCCURED						
À	2 Accident Investigation	ACE OF INJURY — At home,		YES 2 ND								
	3 Suicide 6 Could not be 4 Nomicide determined	Iding, etc. (Specify)	rarm, street, factory, or	ICB	26f. LOCATION (Street and City or Town, State)	l Number or Rural R	loute Number,					
9 1	29a. CERTIFIER	and of one boundaries of only				DE SOL						
COMPLETED	(Check only one) 1 DERTIFYING PHYSICIAN: To the base of the base						and manner se stated					
	29b. SIGNATURE AND TITLE OF CERTIFIER		- MC - 10 - 10 - 10	29c. LICENSE NUI		9d. DATE SIGNEO						
BE	Hubuty Temp			Jan Election	773	> 7/2	2/5 3					
임	30. NAME AND ADDRESS OF PERSON WILD COMPLETED	CAUSE OF DEATN (ITEM 27	(Type, Print)	100		11-1						
}	MAGRIT SIEBURGO	503 BVIZW	51 QA	MBRIDGE	Med 21613							
		ISTRAR'S SIGNATURE										
	Jul 30 '93 l	Gulia Tavidson	-gandell									



DIVISION OF VITAL

	_1	FOR STATE REGISTRAR		STATE OF I	MARYLA		RTMENT FICATI				MENT	TAL HYGIE		93	2321	
		1. DECEDENT'S NAME (First, Midd THOMAS	lle, Last)	F. WEBSTER JR.									DAY 20	YEAR 93	3. TIME OF DEATN 5:03 P	
		4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthda	() IF UNDER		_	_	7. DA	TE OF BIRTH			PLACE (State or Foreign	
30 ×	-	187-40-6020 90. FACILITY NAME (If not institution		1 M 2 □ F	42	2 YRS						24/19	_		PA	
		PENINSULA G			איות דרוי	т			SBURY		EATH			COMI		
37 E		RESIDENCE OF DECEDE		XAL HUS	SPIIP.					<u>.</u>	_		I W T	COMI		
. Pages			JSSE	v			TY, TOWN (ATIT) TOT			10d. INSIDE CITY LIMITS?	
	III-	10e. STREET AND NUMBER	1001	ΙΑ		IKK	XXXX		Of. ZIP COD		AUI	(EL	10g. CIT	TIZEN OF W	1 X YES 2 ND.	
i i		RR 2 BOX 36'							1995	6				U.S.	Α.	
i B	- 12	11. MARITAL STATUS 1 Never Married 2 Merri 3 Vidowed 4 Divorced	YES MAR OR DAT	E\$		f yes, s	CENDENT Copecity Cube	n, Mexica	n, Puer	GIN? (Specify to Rican, etc.)	fes or No-	14. RACE Black Specif	- American Indian, White, etc.			
	- 11	15. OECEDEN		USMC 1		-11/7		CHIDAT	TON		1.	IST VIND OF			VHITE	
for use	ŀ	(Specify only high Elementary/Secondary (0-12)	est grade d	ompleted) College (1-4 or 5		(Give kind	of work done	during m	nost of working	ng		16b. KIND OF I	IUSINESS/IN	OUSTRY		
8 6	2 RESPIRATORY THERAPIST VALLEY HOSP											SPIT	TAL			
φ •••		17. FATHER'S NAME (First, Middle,		LIDDOM	DD C	-						t, Middle, Meid	en Sumeme)			
- 1 111		THOMAS FRANT 198. INFORMANT'S NAME (Type/Pr		WEBST	ER S	7	IC ADDRESS	/Street				OGLE	Contract T	h 0-4-1		
2 2	19b. MAILING ADDRESS (Street and Number IRENE T. WEBSTER SAME AS 10											umber, Gity or I	own, State, Zi	ip Code)		
or, page		20s. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completery, crematory or other place) ST_JAMES CEMETERY 7/26 STILLWATER, PA														
directe		4 Donalion 5 Other (Spec	ffy)		2 Si	JAN	~ _		ETER			26 ST	ILLW.	ATER	, PA	
e funera al. exami		DI 1/11/	10	Say	me	X-			ND ADORE			TN C	ר פאד	TCDI	JRY, MD	
cian and completely filled in it in the me matter, the me matter event, the me TION		23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)														
ending ph i Hygiene or other		CAUSE (Disease or Injury that Initiated events resulting in death) LAST oue to (DR AS A CONSEDUENCE OF):														
seen signed by the shows any Injury MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 \(\subseteq \text{NO} \) 10 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY PERFORMED? 1 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.											WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND				
		25. WAS CASE REFERRED TO MED EXAMINER?							PLACE OF 0	EATN (Che	eck only	one)				
this certificate with the State rked, or Item PHYSICI		1X YES 2 NO		HOSPITAL:		ient 3 🗆 DOA	OTHER 4 - Nun		me 5 🗆 Re	sidence	6 🗆 Ot	ther (Specify)				
fer this certificate that the Street marked, or Its BY PHYSI		27. MANNER OF DEATN 1 Netural 5 Pendi	ng	28a. DATE OF	INJURY	28b. T	ME OF	W	JURY AT ORK? YES 2	Z	28d. 0 SE	ESCRIBE NOV	FLIC	CURED TF.D	GUNSHOT	
OR: After the officer the offi		2 Accident Invest 3 Suicide 8 Could 4 Homicide determ	not be	28e. PLACE OF INJURY — Al home, farm, street, factory, of building, etc. (Specify) IN HOUSE						PMU	28f. LC		t and Numbe	and Number or Rural Route Number,		
그건 드 분				AN: To the best of Dn the bests of a		ige, death occu	rred at the H	me, date							and manner as stated	
BE FEE	L	996. SIGNATURE AND TITLE OF C				-	NSE NUM				TE SIGNED	(Month, Day, Year) - 1993				
2 2 3 3 2		DEWNIS	SON WHO	Phute	1	111 Pe		tre	eet,	Bal	Lti	more,	Mar	ylan	d 21201	
1+6		JUL 2 3 199	33	gwia Dav	doon-1	andelle										

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Section 1
III.
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	$\overline{}$							Q7 1 1 III					REG. NO.				
															3. TIME OF DEATH		
				EBB		JULY 24, 1993			PICAN	0701	M						
		4. SOCIAL SECURITY NUMBER 133 16 9900	n yrs. last bli					7. DAT	7. DATE OF BIRTN (Month, Day, Year) 2-04-25 8. BIRTN Country DE a			PLACE (State or Foreig	in				
P				1 🗆 M 2 💹 F	6	57	YRS.		177.37	122.00			04-25			Milford	
GEN.	e	9a. FACILITY NAME (If not in			0 4 T 0					OR LOCATI		EATN			ITY OF DE		
福田	DIRECTOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY												WI	COMI	CO	
	띭	10e. STATE	10b. COUNT			1	loc. CITY,	TOWN O	R LOCA	TION					Т	10d. INSIDE CITY LIMITS?	
jį.		DE		MI	LFC	RD							1 YES 2 NO)			
med :	34	10e. STREET AND NUMBER							10	f. ZIP COD						HAT COUNTRY?	
an. transi	FUNERAL	RD 2 BOX	K 159								963				SA		
physician. burlal-transit permit.		1 Never Married 2	U.S. ARMEI	D	11	yes, sp	ecify Cube	ın, Mexice	in, Puarto	IN? (Specify Yes Rican, etc.)	or No—	14. RACE Black,	 American Indian, White, atc. 				
	Β¥	3 Widowed 4 Divo	TES		1	☐ YES	av⊾ NO	Specifi	y:			Specify	HITE				
attending ise as the	9		EDENT'S EDU			16a. DECEL	DENT'S US	SUAL OC	CUPATI	ON of working	na	16	b. KIND OF BUS	SINESS/IND	USTRY		
tal or att	COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)	III. Do	Give kind of work done during most of working to Do NOT use retired.)										
the hospital detached fo	₽					HOM	DMEMAKER						HOME		_		
by the		17. FATNER'S NAME (First, MEUGENE P.		LIT			18. MOTHER'S NAME (First, Middle, Maiden Surmame) BESSIE G . McPHILOMY								2/01/		
	BE	19a. INFORMANT'S NAME (191		19h M	IAII ING A	nnpeee	(Stront)				mber, City or Town				
5 should notified	5	THOMAS P.						BOX					D, DE				
leath. Page 6 may be funeral director, page xaminer must be		28er METHOD OF DISPOSIT	ION		20b.	PLACE AND	DATEOF	DISPOSI	TION (N	ame of				CATION —		rn, State	
rector, prest	- 1	4 Donation 5 Other	(Specify)		_ ceme	DDD P	ELI	COWS	C	EM.		7/2					
death. Page tuneral direct.		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	0			22. P	IAME A	ND ADORE	SS OF FA	ciru	ERRY I	FUNE	RAL	HOMES, I	NO
0 = 0		Devre	UM.	Show 5							P	.0.	BOX 2	202	Milf	grd, De	à •
6 3 5 B		23. PART I. Enter the d	iseases, or	complications the	t caused	the death	. Do no	t entar	tha mo	da of dy	ing, suc	h as ca	rdiac or reapi	ratory arr	eat,	Approximate	
		IMMEDIATE CAUSE (Fir			,			1				/	/			Onset and D	
		disease or condition resulting in death)	\rightarrow			Msculm Accident 10 do									10 da	75	
		DUE TO (OR AS A CONSEQUENCE OF):															
and and bur	O	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):															
ysiciar prior trau	S	cause, Entar UNDERLY!	ING	C													
certificate ding physi lygiene pri r other to	E	that initiated events resulting in death) LAS	_	DUE TO	(OR AS A	CONSEQUE	ENCE OF):										
5 5 5	CERTIFICATION																
uires that the dea signed by the att Health and Menta WE any Injury,		PART II. Other significa	it not reau	eaulting in the undarlying cause given in Part					Part I. 24a. WAS AN AUTOPSY 24			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
uires that signed b Health ar	MEDICAL									1 TYES 2	Va.		COMPLETION OF CAUS OF DEATH?	3E			
been signer or, of Healt										/	, ,		T YES 2 NO				
law ras be Dept.	AN	25. WAS CASE REFERRED TO	0.0000000000000000000000000000000000000										<u> </u>				
PHYSICIAN: The law this certificate has bo with the State Dept.	PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	Ento			OTHER	:	LACE OF O							
SICIA certif h the	HXS	27. MANNER OF DEATH		26s. DATE OF	INJURY		8b. TIME	OF		URY AT	sidence		er (Specify)	NJURY OCC	UREO		_
NG PHYS frer this c eath with marked,	ВУ Р		Pending Investigation	(Month, E	Day, Ybar)		INJUE	RY M		ORK? YES 2 [□ NO	14,					
NDING P R: After er death is mar	0	3 Suicide 8	Could not be	26s. PLACE C	F INJURY -	— At home,	lerm, str	eet, lacto	ry, offic	10			CATION (Street at y or Town, State)	nd Number	or Rural Ro	ute Number,	
DR ATTENDING DIRECTOR: After hours after death	ETE	4 Homicide	determined									On,	y or rown, orally				
7 40 -	COMPLET			CIAN: To the best of													
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	S	one) 2 MEDI	ICAL EXAMINE	R: On the basis of a	xemination	and/or Inve	atigation,	In my or	dnion, d	feath occur	red at the	lime, da	le and pleca, an	d due to the	cause(s)	and manner as atate	d.
THE HILL W	BE (290 SIGNATURE AND TITLE	pr commence	*	10 -					29c. LICE	ENSE NUN	ABER		29d. DATE	SIGNED (Month, Day, Year)	
2 2 3 X	2	36. NAME AND ADDRESS OF	TEREON WA	O COMPLETED CALL	717)				W41	181	3_		_	7/2	4/93	
		J. Stephen	Tal	AA 201	P		Lust		1	SNI	1.1	4.4.	Md.	011	-01		
	6	31. DATE FILED (Month, Day,	Ybar)	32. BEGISTAL	AR'S CHENA	TURE	LUTT	160		45/1	504	114	riid,	dia	01		
		JUL 27 199	33 9	retta Dairdso	m-yan	اسعتاك											
																	_

Programme I I I

	1. DECEDENT'S NAME (First,									2. DATE OF O	DEATH		YEAR	3. TIME OF DEATH
	Catherine		Weaver							July	21		993	м
	4. SOCIAL SECURITY NUMB	RB	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER			R 24 HRS.	7. DATE OF 8 (Month, De			8. BIRTH	IPLACE (State or Foreign
	323-26-669	5	1 □ M 2 🔀 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.		5.19	30		inois
_	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	, TOWN	R LOCATI	ON OF DE		9,13		NTY OF D	
DIRECTOR	3518 Carsi	nwood	Drive			Ab	erde	en				Н	arfo	rd
Ä	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION	-					10d. INSIDE CITY
	Maryland	Harf	ord			Aber	-							LIMITS? 1 YES 2 NO
FUNERAL	3518 Carsi	nwood i	Drive		101. ZIP CODE 21001					U.S.A.				WHAT COUNTRY?
N	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. AR	MED	13.	WAS DEC			IC ORIGIN? (S	sectly Yes			E — American Indian.
BY FI	1 Never Married 2 🔀 3 Widowed 4 Divo			MAR OR DATES	10		If yes, sp	ecity Cubi	sn, Mexican Specify.	, Puerto Rican	, etc.)		Speci	k, White, etc.
	15 DEC	EDENT'S EDUC			CEDENTIO	USUAL O	COMPATI	201		T 401 1000				ite
	(Specify only Elementary/Secondary (0	highest grade	completed)	(G	ive kind of Do NOT u	work done	during mo	of world	ing	16b. KIN	D OF BUS	SINESS/INI	DUSTRY	
PLI	12	-12)	College (1-4 or 5	*)		Home	make	er				In h	ome	
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)	-1						HER'S NAM	AE (First, Middle	. Maiden			
	William Ga	llivan						7.1		rine C		,		
BE	19a. INFORMANT'S NAME (7)			194	b. MAJLING	ADDRESS	S (Street s			loute Number, C	_		Code)	
9	Lt. Col Jo		Weaver											nd 21001
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	20b. PLACE / cemetery, cre	matory or o	OF DISPOS	SITION (Na	me of		OATE		CATION —		
1% Burisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Commettery							re d	e Gr	ace, MD					
	Custon Any Organis Maryland 21001-3399													
	23. PART i. Enter the di	seases, or c	omplications the	nt caused the de	ath. Do	not enter	the mo	da of dy	ing, such	as cardiac	or respi	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Fin	ini												Onset and Death
	disease or condition resulting in death)	→ ,	METAS	STATIC	Coco.	N	CAN	CER						
			DUE TO	(OR AS A CONSE	DUENCE O	F):								
S O	Sequentially list conditi	ons,)											
CERTIFICATION	if any, leading to immed cause. Enter UNDERLYI		DUE TO (OR AS A CONSEQUENCE OF):											
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
E	resulting in death) LAST													
MEDICAL	PART ii. Other significs	nt conditions	contributing to	death but not r	esuiting	in the un	derlyin	cause	given in I	Part i. 24a	. WAS AN	AUTOPSY MED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă										10	YES 2	KNO		COMPLETION OF CAUSE OF DEATH?
										_		ľ		1 YES 2 NO
PHYSICIAN:									_					
호	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)				
₹	1 YES 2 NO		1 Inpatient 2	ER/Outpatient 3	DOA 28b, TIM			-,,	esidence (8 C Other (Sp.				
	1 Netural 5	Pending	(Month, L	Day, Year)		JURY		ORY AT PK? YES 2	¬ "	28d. OEŞCRIE	BE HOW II	NJURY OC	CUREO	
6	2 Calculate	investigation	28e, PLACE (OF INJURY — At ho	me farm	street fact			_ NO	281. LOCATIO	M /Ctmal a	and Mounton	or O. m. I	Bauta Mumbus
COMPLETED		Could not be determined	building	etc. (Specify)		street, 1sct	ory, orne			City or To	wn, State)	na Numbe	r or Hural F	Houte Number,
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred						ed at the t	lme, data	and place	and due	to the cause/s	and men	per se ste	ted	
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and m							s) and manner as stated.							
BEC	296. SIGNATURE AND TITLE	OF CERTIFIER							ENSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)
	mel X	5		0				D	3 8400	٩		.	7/22	(93
2	30. NAME AND ADDRESS DE													
	WILLIAM	_		FRANCIS	SC-U	401,	49	40	EISE	~ , (SALTI	15uc	21	224
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE														

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,		
I OF VITAL RECORDS, P.O.	68760,	
I OF VITAL RECORDS,		
I OF VITAL	P.O.	
I OF VITAL	ORDS,	
I OF VI		
-		
DIVISION	OF	
	DIVISION	

		1. DECEDENT'S NAME (First,	Middle, Last)	. 7 -7	Jose	eph S	Sylve	estei	Wh	iteh	ead	2. DATE OF MONTH	DEATH DAY		YEAR	3. TIME OF DEATH
	1 9	4. SOCIAL SECURITY NUMBER	ER	5. SEX	B. AGE	In yrs. last	birthday)	IF UNDER	1 VEAD	IE IMPO	R 24 HRS.	7. DATE OF I	26	-7	$\frac{3}{3}$	0040
		218 - 05 -		1 € M 2 □ F	or Mary	7	7 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De		_	Country	PLACE (State or Foreign
3 should		9a. FACILITY NAME (If not ins		treet and number)			'	9b. CITY	, TOWN	OR LOCAT	ION OF DE	ATH .	7/4	9c. COUN	TY OF DE	
ri i	10R	Washington	Adven	tist Hosp	ita.	L		Tal	coma	Par	k			Mon	tgom	ery
Des 1.	DIRECTO	RESIDENCE OF DEC	10b. COUNTY	Y			10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY		
permit. Pages	2	Maryland	Prin	ce George	2		Beltsville							j	LIMITS?	
E bern	₹	10e. STREET AND NUMBER					101, ZIP CODE						10g. CITIZEN OF WHAT C			HAT COUNTRY?
ian. transit	UNERAL	4721 Prince	Geor		_		20705							U.S.A.		
physician. burial-transit	IL.	1 Never Married 2 1		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES	ES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)						Black, White, atc.				
attending se as the	ВУ	3 Wildowed 4 Divor	ced	World	Wai	II			TES	S S IV NO	Specify:				Specify	v hite
_ 5	COMPLETED	(Specify only	DENT'S EDU	CATION completed)		(Gh	EDENT'S I	ork done	CCUPATIO	ON ost of work	ing	16b. KIN	D OF BUSI	NESS/INDO	USTRY	
ed for		Grade 12	12)	College (1-4 or 5+) -		zinee	0.4				Uni	tod S	tata	a Co	vernment
detached fo		17. FATHER'S NAME (First, Mic	ddie, Last)			1.11.12	STITE	-1-		1a, MO1	THER'S NAM	IE (First, Middi			5 60	vernment
S C C C	l w	Sylvester W	hiteh	ead								Robins				
5 should notified	6	19a. INFORMANT'S NAME (Ty)	12.70			4						oute Number, (
be m		Kenneth Hal									, Mil					d 21108
rector, pa		1 Donation 5 Other	n 3 🗆 Rem	pval from State	cem	etery cren	nd date o	her niecel			5.7	7/20		ATION — C		aryland
funeral dire xaminer r		21. SIGNATURE OF FUNERAL		ENSEE	, 1	OLL	LILIC					eral H	pre	LWOO	a, M	aryland
e funeral dir		► //// / ·	49	6/11											1	1 00707
or removal		23. PART i. Enter the dis	gases, or o	complications that	Caused	the dea	ith. Do n	ot antar	tha mo	de of dy	Ing. such	es cardiac	or respira	Mar.	yran	d 20707
recovered within 24 hours after beath, rage to may be tritained by the hospital of the and completely filled in by the funeral director, page 5 should be detached for no hard; cremation, or removal. Imatic event, the medical examiner must be notified at once.		shock, or he IMMEDIATE CAUSE (Fine disease or condition resulting in death)	ert tallure.	a. Can	dio	och ilne.	MOU	ar		4	res	,				intarval Betwee Onset and Deat
ending physicia Hygiene prior or other trau	CERTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injurthat initiated events resulting in death) LAST	late IG y	b. Me To	OR AS A	CONSEO	UENCE OF	SI	ng	rll	C	oll	Car	Cill	OUN	
TO THE FROM THE FROM THE FROM THE SERVICE OF THE SE	PHYSICIAN: MEDICAL CER	PART II. Other significen 25. WAS CASE REFERRED TO EXAMINER?	Joe Lux	a contributing to	death b	Ar Lie Time	This the	on la	At Pull 20, PI	1) mes	given in F	EN.	WAS AN AI PERFORM YES 2 (1)	ED?		WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ertification of I	IXSI	1 VES 2 NO		1 Impatient 2		atient 3	DOA	-	ing Hom		esidence 8	Other (Sp	ecify)			
or this can with with arrived,	ву Р	1 Haffural 5 P	ending	28a, DATE OF (Month, Da			28b. TIME INJU			IURY AT ORK? YES 2 [200	28d. DESCRIE	E HOW INJ	URY OCCI	URED	
DR: After dea	ED	3 Suicide a C	ould not be	28s. PLACE OF building, o	INJURY Mc. (Spec	— At hon	ne, farm, at	reet, fact	ory, offic			281. LOCATIO City or To		d Number o	or Rural Ro	oute Number,
OIRECT hours a	LET	29a. CERTIFIER 1 CERTIF	FYING PHYSIC	CIAN: To the best of	my knowl	edos des	th occurred	d at the ti	me dete	and place	and due t	a the amusels			1	
INERAL Thin 72	COMPLET															and manner as stated.
THE FL	BE 0	29b. SIGNATURE AND TITLE (OF OPHTIFIER		110	38	/	19.1)	29c. LIC	ENSE NUME	SER // O	1	29d. DATE	SIGNED (Month, Day, Year)
2 6 3 2	2	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	E OF DE	ATH (ITEM	27) (Type,	Print)		رائح ا	235	T7	- //a	1	1/2	0195
5		31. DATE FILED (Month, Day, Ye	4)1	W 2 M	· D	. 6	510	K	Zhi	lux	th	A	071	RI	ver	dalo M.D
IX		III 2 x 'Q2	out j	32. REGISTRAL	15 SIGN	O	n						,			12/2c
10	الـــــــــــــــــــــــــــــــــــــ			A BANCO PORTOR	New York	المارات	~									/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	-	FOR STATE REGISTRAR
	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR		OIAIL OI II	(CERTIF	ICATE C	F DEAT	TH	REG. NO				
	1. DECEDENT'S,NAME (First,	Middle, Lest)	ROBERT W	. WOLF	GÀNG				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBI	Fa	5. SEX	6. AGE (In yrs.	food bloth do d		-		7 - 27	_	93	11:53 P M	I
	302-14-7996	3.7	1X M 2 ∏ F	68	YRS.	MONTHS DAT		MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country		ı
1 3	9a. FACILITY NAME (If not ins					ab CITY TO	/N OR LOCATI	ON OF DE	10-3-25	T a	Ohi		Į
E .								ON OF DE	ain			ATH	I
DIRECTOR	Howard Coun	EV Gene	eral			Colt	mb i a			Hot	ward		į
ä	10a. STATE MD	10b. COUNTY	1			Y, TOWN OR LO						10d. INSIDE CITY LIMITS?	ı
		Howard	1		Elkridge							1 YES 2 NO	Į
RA	10s. STREET AND NUMBER									HAT COUNTRY?	ı		
FUNERAL	5764 Main S		12. WAS DECEDEN	T EVER IN II C	ADMED	1 40 400		21227 CENDENT OF HISPANIC ORIGIN? (Specify Yes or No			USA		Į
	1 Never Married 2			X YES 2		If yes	specify Cube	ın, Mexicar	n, Puerto Ricen, etc.)	s or No-	Black,	- American Indian, White, etc.	
ВУ	3 Wildowed 4 Divor	cod	W 723, GIVE W	MA ON DATES		'"	YES 2 TNO	Specify	:		Spec#) Whi	te	
COMPLETED		DENT'S EDUCA		16a,	DECEDENT'S	USUAL OCCUP	ATION	007	16b. KIND OF BL	SINESS/INI	DUSTRY		
	Elementary/Secondary (0-	12)	College (1-4 or 5	·)	life. Do NOT u	se retired.)	THOSE OF WORK	· · · · · · · · · · · · · · · · · · ·					
₹ I					Doct	or	-,			rment	<u> </u>		
_	17. FATHER'S NAME (First, Mi	ddle, Last)	TT 1.6						ME (First, Middle, Maider	n Sumame)			
8	James R. 19a. INFORMANT'S NAME (IV.	ma/Drint)	Wolfgan		401 144 114	100000000000000000000000000000000000000			Kohler Oute Number City or Tox				
5	Paul W. W			- 1						,,,	, , , , ,		
- 1	20a. METHOD OF DISPOSITE	ON	•			OF DISPOSITION		ETT1	COTT City		City or Tow	en State	
	1 Donation 5 Other		al from State	cemetary,	crematory or o			7				e, MD	
	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE	1 IIE	CIO GI		AND ADORE			atons	PATTI	e, MD	
	1 7/24h	15 21	71/7	1					e Funeral				
Н	23. PART I. Enter the die	seases, Dr co	mplications the	t caused the	death Do i	411	2 Colu	ımbia	Pike Ell	icott	Cit	y MD 21043	
	snock, or ne	art fallure. Li	st only one call	se Dn each ii	ne.							interval Between	
	iMMEDIATE CAUSE (Find disease or condition	al~	THROMP	OTTO	STORY	c 7.	16.2016	DARG	W 800	ML		Onset and Death	
	resulting in death)	a.	DUE TO	(OFI AS A CONS	SEQUENCE O	F):	^	^		1/**			
z			CEREBA	EAL :	ARIE	RIOX	SKOS	Σ	JU RO	ACK	AXXA	$F = \begin{bmatrix} 1 & 1 \end{bmatrix}$	
5	Sequentially list conditing if any, leading to immed	liate	OUE TO	(OR AS A CONS	SEOVENCE O	F):		10	70 - 50	000	20,0		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								كالا	اللاد	1_			
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										ı		
E		d.											
DICAL	PART II. Other significan	nt conditions	contributing to	death but no	t resulting	in the underl	ying cause o	giver in		N AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
			NE MI			1421	1446	10 T	1 YES			COMPLETION OF CAUSE OF DEATH?	ı
¥	DISTASE/A	000	FEMORA	K OCC	RUNC	VE D	SEA.	35	·_ /	\sim		1 TES 2 NO	
ä	DNEYMO	NA											
S	25. WAS CASE REFEMRED TO EXAMINER?		NOSPITAL:			OTHER:	. PLACE OF D	EATH (Che	ck only one)				
PHYSICIAN:	1 YES 2 NO		28s. DATE OF		_	4 Nursing I		esidence	6 Other (Specify)				
	1 Natural 5 P	ending	(Month, D		28b. TIM	URY	INJURY AT WORK?	¬ мо	28d. DEŞCRIBE HOW	INJURY OC	CURED		
ВУ	2 Cutota	rvestigation	28a. PLACE O	F INJURY At	home, farm.				28f. LOCATION (Street	and Numba	or Russi Do	suda Alzembar	
윤		Could not be letermined	building,	etc. (Specify)		,			City or Town, State		or norm no	die Humber,	
LET	29a. CERTIFIER 1 CERTI	EVING PHYSICI	AN: To the heat of	en besididi.	double con-	73 A A		253007-		L-Story C			
COMPL												and manner as stated	
								FMCE	DED			44-4-	
8	29b. SIGNATURE AND TITLE		FRANK		m /	40		130	BER 114			Month, Day, Year)	
ш	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	PERSON WHO	FRANK COMPLETED CAUS	<u> </u>	J (CE	40	29c, LICE	1300	44	29d. DAT		Month, Day, Year)	
8	296. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF FRANK	PERSON WHO	FRANK COMPLETED CAUS	<u> </u>	J (CE	40	29c, LICE	1300	44	29d. DAT	728	Month, Day, Year)	
B.	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	PERSON WHO	FRANK COMPLETED CAUS MD	DE OF OEATH (IT	(TO) / TEM 27) (Type: UL N	40	29c, LICE	1300	14 14 1A MD	29d. DAT	728	(Month, Dey, Year)	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer; be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	1140/01/1041			LITTI	CAIL	OF	DEATH	H	EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATN	,	WEAR	3. TIME OF DEATH
	MICHAEL A				A۱	VER'	/	AÜĞÜST	6,04	1993	YEAR	10:03 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTN		6. BIRTHPLACE (State or Foreign	
	220-54-0893	1 M 2 F	ĀΩ	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day		Country)		
- 6	9a. FACILITY NAME (If not institution, give sti	reet and number)	40	9b. CITY, TOWN OR LOCATIO				11-03-1952			DAL NTY OF D	TIMORE, MD.
Œ	THE JOHNS HOPKIN	,	1									
2	RESIDENCE OF DECEDENT	3 HUSPITE	\L		BALTIMORE CITY BALTIMORE							RE
S	10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION 10d JINS							10d. INSIDE CITY	
DIRECTOR	7.1.			ISC. STI, TOWN ON EDGATION							- 1	LIMITS?
	MD. 10e. STREET AND NUMBER			BALTIMORE CITY								1 VES 2 NO
₹	106. STREET AND NUMBER					101	ZIP CODE	10g. CITIZEN OF			ZEN OF W	HAT COUNTRY?
9	5917 BELLEGROVE	ROAD					21225			1	ITSA.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1 [EVER IN U.S. AF	RMED	13. W	AS DEC	ENDENT OF NISPA	NIC ORIGIN? (Sp	ecity Yee	or No-		- American Indian, , White, etc.
ВУ	1 X Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	NO			2 K NO Speci		, atc.)		Spech	
	3 Widowed 4 Divorced										BLA	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DE	ECEOENT'S	USUAL OC	CUPATIO	ON st of working	16b. KINI	OF BUSI	NESS/IND	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	e retired.)	army mo	st or working					
Ē			C.A	BINE	г м	AKE	R	b.F.	PHT EX	JEM	STEE	77
5	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S NA				-3114	
	WILLIAM R.	AVEDV					107 7 1027	T 4777	5:577			
BE	19a. INFORMANT'S NAME (Type/Print)	AVERT	19	b. MAILING	ADDRESS	(Street a	ET.T.EN nd Number or Rural		RY	Chair Zin	Cadal	
2												
	RONALD AT	ERY					AVENUE.)RE	MD.	2127	.5
	1 2 Buriel 2 ☐ Cremation 3 ☐ Remo	val from State	20b. PLACE	AND DATE (of DISPOSIT ther place)	TION (Na	ma of	DATE			Cily or To	
	4 Donation 5 Other (Specify)		centerro	100	CEME	TER	Y		ARBU	JTUS .	MAR	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		N			D ADDRESS OF FA					
	* Wan V	- D 17	m		J . ()	OSE:	PH H. BR	OWN JR.	FUN	IERAI	HOM	iĒ, P.A.
	23. PART I. Enter the diseases, or co	amplications that	coursed the de	ath Do s	191	. 5 W.	DALITIOK	T DI. EMI	IU. I	D. Zi	1223;	P.O. BOX 4433
	ahock, or heart failure. L	ist only one ceus	e on each line	B	or allea t	me mo	ua or dying, suc	m as cardiec	or respir	etory arr	est,	Approximata interval Batween
	IMMEDIATE CAUSE (Final											
	disease or condition resulting in death)	- W	mo	110								1) Nous
- 1		one up (ILAS A COMBE	OUENCE OF	7):							7
Z	5	4	110									WAS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	कांह गेठ त	A CONSE	OUENCE OF):							100
S	CAUSE (Disesse or injury											
里	that initiated events	DUE TO (R AS A CONSE	OUENCE OF):							
F	resulting in death) LAST											
22												
무	PART II. Other significant conditions	contributing to d	aeth but not	resulting i	n the und	leriying	cause givan in	Part I. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS
EDICAL	1PM HAIDIR	2							YES 2	1/		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	LIVED FAILUSE							_ ' -	169 2	Yno		OF DEATH?
Σ	a and the and in	10						-				1 TYES 2 NO
A I	25. WAS CASE REFERENCE TO MEDICAL	10										
ᅙ	EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (Ch	eck only one)				
YS	1 U YES 2 NO	1 Ninpatient 2 🗆	ER/Outpatient 3	□ DOA			5 🗆 Residence	6 Other (Spe	cify)			
PHYSICIAN:	27. MANNER OF OEATN	28e. DATE OF II (Month, Day		28b. TIMI		28c. INJ		28d. DEŞCRIB	E NOW IN	JURY OCC	CURED	
à	1 Netural 5 Pending 2 Accident Investigation				М		ES 2 NO					
	= -	28e, PLACE OF	INJURY — At he	ome, ferm, s	treet, factor	ry, office		281. LOCATION	(Street en	d Number	or Rural R	oute Number,
_ "	3 Suicide S Could not be 28. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City of Town State)											
Ë	4 Nomicide 8 Could not be		4 Notificion Objectificad									
LETEC	4 Nomicide determined		u bassit de la		4.4.4			47				
MPLETEC	4 Nomicide determined 29e. CERTIFIER (Check only	IAN: To the beat of n										
COMPLETED	29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER	IAN: To the beat of n										end manner ea stated.
	4 Nomicide determined 29e. CERTIFIER (Check only	IAN: To the beat of n						time, date end ;	place, end	due to th	e ceuse(e)	end manner ea stated.
BE	29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER	IAN: To the beat of n					eath occured at the	time, date end ;	place, end	due to th	e ceuse(e)	
	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of n	mination end/or	Investigation	n, in my opi		eath occured at the	time, date end ;	place, end	due to th	e ceuse(e)	
TO BE COMPLETED	29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER	IAN: To the best of n	mination end/or	Investigation	n, in my opi		eath occured at the	time, date end ;	place, end	due to th	e ceuse(e)	
BE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of n	OF DEATH (ITE	M 27) (Type,	n, in my opi		eath occured at the	time, date end ;	place, end	due to th	e ceuse(e)	

1	•	S		TE	ΓR	Α
	1. 9	EC	ED	ENT	'S	N.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CONTROL OF MAINTENANT OF MEANING MENTAL HITCHEN REG. NO.									
100	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ANOTH DAY 8'22 PM									
	4. SOCIAL SECURITY NUMBER 5 SEY 6 AGE ID um lost highdrid 15 (MINES A MELE)									
	2/9-10-8646 1 12-10 2 F 69 YRS. MONTHS DAYS HOURS MIN. (Mgrith, Day Your) 4 Cyprity Oppring									
œ	9a. BACILITY NAME (If the second of the seco									
DIRECTOR	RESIDENCE OF DECEMBER DATIMONE CITY									
RE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?									
	MARYIMO DAITINGYE 1 PTES 2 NO									
FUNERAL	228 W. North Ave. 21216 10g. CITIZEN OF WHAT COUNTRY?									
	11. MARITAL STATUS 12. WAS DECEDENT EVER U. U.S. ARMED 1 Never Merried 2 Merried 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. Yes, apecify Cuben, Mexican, Puerto Rican, etc.) 11. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. Yes, apecify Cuben, Mexican, Puerto Rican, etc.)									
ВУ	3 Wildowed 4 Divorced 1 VES 2 DAYO Specify:									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(
PLE	Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+)									
CON	17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First, Middle, Meiden Surgame)									
BE	Ocorge Washington Drown Virginia Brooks									
5	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Renal Route Number, OKY or Town, State, Zel Code) 19b. MAILING ADORESS (Street and Number or Renal Route Number, OKY or Town, State, Zel Code) 2228 U. N. W. Th. H. H. C. DAID.									
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 20b. BLACE ANO DATE OF DISPOSITION (Name of gendery grematory of other place) 20c. LOGATION — City or Town, State									
	4 Bonition 6 Other (Specify) GHTV SON FUNCS QUILLY PAPE PA									
	Hosenh J. Kust 3353 W. North Ave. Ballo molan									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line.									
	IMMEDIATE CAMPS (Float									
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
z	Sequentially list conditions b.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
FI	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
EH	resulting in death) LAST									
	PART II. Other algorificant conditions contributing to death but not resulting in the undarlying ceusa given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
	Organic Brain Syndrome Performed? 1 Uses 2 DNO AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
ME	1 U VES 2 17NO									
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Chack only one)									
PHYSICIAN: MEDICAL	28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 4. Nursing Home 5. Residence 8. Other (Specify)									
PHY	27. MANNUR OF DEATH 28a. OATE OF INJURY (Month. Day Year) 28b. TIME OF 18a. INJURY AT 18a. INJ									
BY	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO									
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
NO.	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.									
BE 0	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)									
51	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GEOVGE E, Wicks TE M.D. Liberty Medical Center									
+	31. DATE FILED (MONTH) Day, Year) 32 REGISTRAR'S SIGNATURE Fundam Pandare									

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OT TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

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	be exec	ian and	or to bu	aumati
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	ME TE	has been	Dept. of	23 sh
	AN: The	tificate !	e State	r item
	PHYSICI	this cer	with th	rked, o
	NDING	R: After	er death	is ma
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended to the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	SPITAL	VERAL (hin 72 hir	NI: IF
	THE HO	THE FUR	filed with	PORTA
	2	2	3	Ξ

30. NAME AND ADDRESS OF PERSON
SAMALNJAY
31. DATE FILED (Month, Day, Year)

AUG 1

1 1993

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	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND /			T OF HI			MENTAI	L HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	ACIE		BENN	1ETT					AUG		1993	YEAR 3	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE	OF BIRTN n, Day, Year)		8. BIRTN Country	PLACE (State or Foreign
	Z10-10-904U	M 2 ☐ F	81	YRS.	MONTHS	DAYS	HOURS	MIN.		r. 3	1904		"Carolina
_	9a. FACILITY NAME (If not institution, give str					Y, TOWN OF					T.	ITY OF D	
DIRECTOR	4128 FAIRVIEW	AVE.		BALTIMORE									
ᇤ	100. STATE 10b. COUNTY			10c. CIT	Y. TOWN	OR LOCATI	ON						10d. INSIDE CITY
#	Maryland]	Balt	imore	2						LIMITS?
	10e. STREET AND NUMBER		-			101.	ZIP CODE	E			10g. CITI	ZEN OF W	THAT COUNTRY?
FUNERAL	4128 Fairview Ave	4					2121	15			USA		
3	11. MARITAL STATUS	12. WAS DECEDENT		R IN U.S. ARMED 13. WAS DECENDENT OF NISPAN				VIC ORIGIN	? (Specify Ye			- Americen Indian, White, etc.	
BY F	1 Never Married 2 Merried		YES 2 NAR OR DATES	2 NO If yes, specify Cuban, Maxican.						tican, atc.)			, White, etc. y: Black
	3 Widowed 4 Divorced						-74						" DIACK
Ī	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION :ompleted)	(Gr	ve kind of v	work done	during most		ng	16b.	KIND OF BU	ISINESS/IND	USTRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5+	,	Do NOT us					_				
COMPLETED	1.2th Grade 17. FATNER'S NAME (First, Middle, Last)		T	ailo						Tailor	_		
										Aiddle, Maider			
H	George Bennett 19a. INFORMANT'S NAME (Type/Print)	_	191	MAILING	ADDRES	S (Street on				Parso		Code	
John Henry Lemon 417 E. 22nd St. Baltimore, Maryland 21218										01010			
	20s. METHOD OF DISPOSITION		20b. PLACEA					Da.	DATI	_	CATION -		
	1 Buriel 2 Cremetion 3 Removed A Donation 5 Other (Specify)	vat from State	cemetery, crer	natory or o	ther place				8/1				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	- IVI	alon.	22	NAME AND	DADDRES	SS OF FA	CILITY	III I i	ınsdov	me,	MD.
Nutter Nutter Story British to Start & Nutter 2501 GW								iner	al Ho	omes,	Inc.	2	1216
	23. PART i. Enter the diseasee, or co	emplications that	caused the de	nth. Do r	not ente	2501	GWYY	nns l	Falls	Park	way F	alti	MOre, MD.
	ahock, or haart fallure. L	iat only ona caus	se on each line.										interval Between
-	immediate cause (Fine) disease or condition MUD can dial Interction												
	resulting in death) a												
z	immediate cause (Finel disease or condition resulting in death) a. Myo cardial Infarction Oue To (OR AS A CONSEQUENCE OF): Attended Scleration Reart dustase												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	cause. Enter UNDERLYING CAUSE (Disease or injury												
	that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONSEO	UENCE OF	F):								
H	d.												
	PART ii. Other algnificant conditione	contributing to	death but not re	eulting i	in the u	nderlying	cauee g	lven in	Part I.	24a. WAS AF	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2	ALZHEI	MER	S D	151	5A	SE	7			PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	<i>y</i> .									1 123	24 HO	١.	OF DEATH? 1 YES 2 NO
7									_				I Co 2 NO
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	ACE OF D	EATN (Che	eck only on	9)	-		
Sic	a militaria de desta de la constantida del constantida de la constantida de la constantida del constantida de la constantida de la constantida de la constantida de la constantida de la constantida del constantida de la constantida de la constantida del constantida del constantida del constantida del constantida del constantida del constantida del constantida del constantida del constanti	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHE	R: rsing Nome	5 Or Re	sidence	6 Other	(Specify)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH	26e. DATE OF (Month, De		28b. TIM	E OF URY	28c. INJU WOR	RY AT		28d. DES	CRIBE NOW	INJURY OCC	URED	
ВУ	1 Netural 5 Pending 2 Accident Investigation		,,,		M	_	ES 2 [NO					
	3 Suicide 6 Could not be	28e. PLACE OF building,	INJURY — At hor	ne, term, e	street, fac	tory, office				ATION (Street or Town, State		or Rural R	oute Number,
	4 Homicide determined												
PL	290. CERTIFIER (Check only	AN: To the best of	my knowledga, dea	th occurre	d at the	tima, date e	end placa,	and dua	to the cau	se(e) end me	nner aa atate	ed.	
COMPLETED	one) 2 MEDICAL EXAMINER												end manner ee stated.
ш	29b. SIGNATURE AND TITLE CERTIFIER	110	210	^	7.5		29c. LICE	NSE NUN	IBER	2	29d. DATE	SIGNED	(Month, Day, Year)
TO B	-sar	ran	2)		1.	211	14	1	1 8	7-6	43
	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	E OF DEATH STEEL	270 (E	0-1-41		4			-	<u> </u>		

DEATH (ITEM 27) (Type, Print) V, 3455

32. REGISTRAR'S SIGNATURE

Auto Davidson-Randollo

Wilkem AVT

MD 21229

BALTIMORE

23223 93

STATE	0F		DEPARTMENT				MENTAL	HYGIENE
		CE	RTIFICATE	O	F DEAT	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY				EALTH AND DEATH	MENT	AL HYGIEN	_	, ,	. 3 2 2 .	,
	1. DECEDENT'S NAME (First, Middle, Last) JEROME	R.	BARRI				MON	E OF DEATH	W y	EAR	TIME OF DEATH	A _M ,
	4. SOCIAL SECURITY NUMBER 217-64-3295	1★ M 2 □ F	(In yrs. lest bir	thday) IF U	HDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT (Mor	E OF BIRTH rith, Day, Year)	.	Country)	ACE (State or Fore	ign
TOR	90. FACILITY NAME (If not institution, give: RTE. 695 NEAR E			96. 0		imore	EATH		9c. COUNTY BALT	IMO:	RE COU	NTY
DIRECTOR	10e. STATE 10b. COUNT	timore	10		woorlocat	ION				Dd. INSIDE CITY LIMITS? YES 2 X N		
FUNERAL	10. STREET AND NUMBER 2 Wildflower Cou	ırt		101. ZIP CODE 21234					10g. CITIZEN OF WHAT			
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR)	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific yea, specify Cuben, Mexicen, Puerto Ricen, a 1 YES 2 X NO Specify:				or No — 14		American Indian White, atc.		
COMPLETED	15. DECEDENT'S EDU (Specity only highest gradi Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	(Give k	ind of work do NOT use retire		st of working		56. KIND OF BUS				
	10 17. FATHER'S NAME (First, Middle, Last)		Mai	ntena	nce Si	perviso:		ri-Sta		geme	nt	
ا س	James F. BARRET	r. Sr.				Betty			,			- 1
BE	19a. INFORMANT'S NAME (Type/Print)	,	19b. M	AILING ADDR	IESS (Street a	nd Number or Rural				ode)		
2	Mr & Mrs Richard	l Barrett Sr	1 1	Debona	air Ct	, Apt T	1, B	altimo	ce, MD	2	1234	
	20a. METHOD OF DISPOSITION 11 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Lorraine Park Cemetery 8/12 Woodlawn, MD											
	21. SIGNATURE OF FURTHAL SERVICE AND ACCUSED	HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave, Baltimore, MD 21229										
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS ACONSEQUENCE OF): Approximate Interval Batween Onset and Death Onset and Death											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHTSICIAN: MEDICAL	PART II. Other significent condition	s contributing to deeth	but not rasu	iting in the	underlying	cause given in	Part i.	24s. WAS AN PERFOR 1 X YES 2	MED?	AM CC OF	REAUTOPSY FINI MILABLE PRIOR TO DMPLETION OF CA F DEATH? YES 2 NO	JSE
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only o	one)				
2	NO 1 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	tpatient 3 🗆 🛭	DOA 4 [fER: Nursing Hom	5 - Residence	a □Moth	er (Specify) R	TE.69	5		
	27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF INJURY Month, Day, Year)		b. TIME OF INJURY	28c. INJI WO	RK?		ESCRIBE HOW II				
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Sp	Y - At home.	larm, street,	1 Y	- A	0,	, or rowing ordino,			TRUCK	MPA
	AA. OFFICIER			HIGH					NEAR	EXI	T 43	
COMPLETED	(Check only	ICIAN: To the best of my kno IR: On the bests of exeminati								ause(a) an	nd menner as stat	ed.
10 BE 0	296. SIGNATURE AND TITLE OF CENTIFIE) W	\sim			O.C.M.			29d. DATE S		993	
	30. NAME AND ADDRESS OF PERSON WH	NOXICE		(Type, Print)								
	AUG 1 1993	32. REGISTRAR'S SIG		1								

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	SNE	ithin	MT
	E.	3	Z

93 23224 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 131 100 932 200 8 4. SOCIAL SECURITY NUMBER 217-22-4469 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. R BURTHPI ACE (St 1 M 2 PF YRS. 7 2 Se. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF/DEATH DIRECTOR 1timo e 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1907 Letitia Avenue 21230 U.S.A. 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🎇 NO 14. RACE — American Indian, Black. White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 9 Waitress Dunkin Donuts 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Lorenzo MURPHY Mable DAWSON 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pamela Clifford 1907 Letitia Avenue, Baltimore, MD 21230 20a. METHOD OF DISPOSITION
1 ABurtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) Meadowridge Memorial Park 8/12 Elkridge, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave, Baltimore, MD 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximata shock, or heart fellure. Liet only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA ome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, tectory, offica building, etc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) D33449 WMS 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADORESS William Kenneth

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		1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF I		MENTAL HYGIE REG. N		23225	
	1	1. DECEDENT'S NAME (First, Middle, Last) LARRY C. C	URRY				2. DATE OF DEATH	DAY	3. TIME OF DEATH 2:36 A	м
2	Ī	4. SOCIAL SECURITY NUMBER 587-78-7822	1X M 2 D F 3	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	JF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) M 155155/P	
should	TOR	98. FACILITY NAME (If not institution, give :	HOSpitul		-	OR LOCATION OF DE	АТН		y of DEATH alt more	
W	DIRECTO	10s. STATE 10s. COUNT	Y		Y, TOWN OR LOCA BALTIMO				10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO	
an. ransit perm	NERAL	100. STREET AND NUMBER 800 BENNINGHAUS	RD.		10	21212		10g. CITIZE	U.S.A.	
21215-0020 Il or attending physician. for use as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	CENDENT OF HISPAN ecity Cuban, Mexica 2 X NO Specify	IIC ORIGIN? (Specify) n, Puerto Ricen, etc.)	les or No.— 14	Black, White, stc. Specify: BLACK	
0 2 2	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 2 YRS.	16a. DECEDENT'S (Give kind of the Do NOT us NURS)	USUAL OCCUPATION work done during me se retired.)	ON est of working		USINESS/INDUS	EDICAL CENT	EF
YLA by the be de	ш	17. FATHER'S NAME (First, Middle, Last) PHE-ARTHUR CI	JRRY	NORSI	<u> </u>	-	ME (First, Middle, Meide BERRYHI			
MAR retained 5 should notified	TO B	19s. INFORMANT'S NAME (Type/Print)					loute Number, City or To			
ORE, 6 may be ctor, page nust be		SHIRLEY ODOM 20e. METHOD OF DISPOSITION 1 Burist 2X Cremetion 3 Rem 4 Donation 5 Other (Specify)			OF DISPOSITION (Na	HAUS RD			1D . 21212 y or Town, State	
SALT r death. e funer al. exam		21. SIGNATURE OF FUNERAL SERVICE LI	Parken	/	22. NAME A		AL HOME FALLS P	KWAY	21216 BALT. MD.	
y filled in by tillen, or remo		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PYFU MOUE TO (OR AS A C	ch iine.	not anter the mo	de of dying, auch	n as cerdiec or res	piratory arrea	t, Approximata Interval Betwee Onset and Dea	
x 687 e executed an and con to burial, umatic e	CATION	if any, leading to immediate	A .	NVNE	DEFEC	1203	SYNDI	3 1902		
certificate of Hygiene per other	CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A G	CONSEQUENCE OF	F):					
의 등 조 등	AL CE	PART II. Other significant condition	s contributing to death bu	t not resulting	in the underlyin	ceuse given in	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDING	29
signed by Health and was any I	MEDICA						Deme	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
law law										
4 2 2 5	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tient 3 □ DOA	OTHER:	ACE OF DEATH (Che				
DR ATTENDING PHYSICIAN: DIRECTOR: After this certifications after death with the St. tem 28 Is marked, or It	ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Morith, Day, Year)	28b. TIM	IE OF 28c. INJ		28d. OESCRIBE HOW	INJURY OCCUI	RED	
DIVIDION DRATTENDING DIRECTOR: After hours after death tem 28 is ma	ETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY - building, etc. (Specif	— At home, farm, ε γ)	strael, factory, offic		28t. LOCATION (Stree City or Town, State	t and Number or e)	Aural Route Number,	
E ZZ E	COMPL		CIAN: To the best of my knowle R: On the bests of examination							
TO THE HOSP! TO THE FUNER be filed within	O BE	296 SIGNATURE AND TITLE OF CERTIFIES	HOOSE AH	Asiand			123	29d. DATE S	IGNED (Month, Day, Year)	
		1	O COMPLETED CAUSE OF DEAT	37 4 S	Print) FOX FO	RO STREAM	an Kb	BALTIM		
	4	31. DATE FILEO (Month, Day, Year) ALIG 1 1 1993	32. REGISTRAR'S SIGNA							_

DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 23225

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BALTIMORE, MARYLAND 21215-0020	ath certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	trending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
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P.O. BOX 68760,	ted within	ttending physician and completely filled in by the
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FUNERAL (within 72 h HOSPITAL

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DE filed within 72
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DIVISION OF VITAL RECORDS,

OR ATTENDING PHYSICIAN: The law requires that the

STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 0.8 JOSEPH 06 1993 CARTER 8:40 A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 220-30-5699 1 🕅 M 2 🗆 F 57 YRS. 6-11-36 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 633 AISOUITH ST APT. BALTIMORE CITY 10e. STATE 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1-YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 633 N. AISQUITH STREET APT. 14C 21202 SA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES. 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. It yes, specify Cuben, Mexican, Pt

1 YES 2 NO Specify: 1 Never Married 2 Merried BY Spacify: 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) DISABLED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) BE VIRGINIA WILSON 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VIRGINIA WEAVER 518 N. CARROLLTON AVE. /BALTIMORE, MD 21223 20e. METHOD OF DISPOSITION

1 Burtlet 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c. LOCATION - City or Town, State VOSHELL MEMORIAL GARDENS DUNDALK, MD 21. SIGNATURE & EPUMERAL SERVICE LIGENSES 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE Enter the diseases, or complications that course the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on sech line. Approximata Intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition MATERIO SCHEROTTIC CAPDIO VAS QUIAK resulting in death) OUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE FAILURE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL 1 TYES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 🕅 Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation ₽ I YES 2 NO 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the beele of exa on end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) and menner ee stated. CNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. 2 08/06/1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27) (Type, Print)

MARIO T. GOLVE, JR1M Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE

Sulia Devision

1

1993

3. TIME OF DEATH

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

Approximate Interval Between **Onset and Death**

1:00 Pm

1. DECEDENT'S NAME (First, Middle, Last)

EDWARD D.

CREMMINS

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 H	RS. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign
2	1	218-90-8519	1 M 2 F	32	YRS.					11 03 6	51		yland
Should	_	9a. FACILITY NAME (If not institution, give a						R LOCATION	OF DEATH	н	9c. COUN	TY OF DEATI	1
2,	СТОВ	3616 THIRD STREE	T			BA	ALTI	MORE					
es .	1 W	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWH C	OR LOCAT	ION				100	I. INSIDE CITY
nit. Pages	DIR.	MARYLAND						ALTIMO	RE				LIMITS?
permit.	RAL	10e. STREET AND NUMBER					10f	. ZIP CODE			1000	EN OF WHAT	COUNTRY?
ansit	L III	3616 THIRD STREE							225			S.A.	
5-0020 nding physician. as the bunal-transit	BY FUN	11. MARITAL STATUS 1 XNever Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S.A. 1 YES 2 YOWAR OR DATES									
atte atte	TED	15, DECEDENT'S EDU (Specify only highest grade		(1)	ECEDENT'S	work done o	CCUPATIO	ON st of working		166, KIND OF BUS	INESS/IND	USTRY	
Spital O	TO BE COMPLETE	Elementary/Secondary (0-12) H.S.	College (1-4 or 5	+)	ree L	se retired.)			Ш	Self			
神 名名 二		17. FATHER'S NAME (First, Middle, Last) Edward T. CREMN	MINS					3 6 7 7	s name ann	(First, Middle, Maiden D. CARR]			
retained by to 5 should be notified at		JoAnn D. Sutton						Rd, La		Number, City or Town	1, State, Zip	Code)	
ay be		20e, METHOD OF DISPOSITION	AND DATE	-						Olty or Town,	State		
e 6 may ector, pag		1 ☐ Buriel 2 ☑ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	loval from State	cometery, cr	emetory or o	ther place)			1			ore, N	
2 00 5		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								010, 1			
ALLIN death. Pag theral di funeral di comminer	1	► Chambrooks	Mn	No los						L HOME IN			
ours after d in by the or removal.		23. PART I. Enter the diseases, or	complications th	at caused the d	eath Do r					ENUE-BALT			21229 Approximate
5, P.O. BOX 68100, death certificate be executed within a stending physician and completely fillium and Hygiene prior to burial, cremation, rry, or other traumatte event, the	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	O (OR AS A CONSE			defi	ciercy	S	4 rglowe			
that the ad by the and Miles	MEDICAL CE	PART II. Other aignificent condition	ns contributing to	o death but not	requiting	In the un	nderiyin	g ceuse give	n In Pa	rt I. 24a. WAS AN PERFOR	MED?	CO	RE AUTOPSY FINDING IILABLE PRIOR TO MPLETION OF CAUSE DEATH?
requires requires een sign of Healt												10	YES 2 NO
The law ate has bo ate Dept.	CIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEAT	H (Check	only one)			
- F ## 5	Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER 4 Num	R:	1		Other (Specify)			
NG PHYSICIAN: The this certifical with the Stammarked, or 18	H	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE O		26b. TIM		26c. INJ WO		20	Sd. DESCRIBE HOW II	NJURY OCC	URED	1
S S S S	red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h	ome, farm,	street, fact				St. LOCATION (Street of City or Town, State)	and Number	or Rural Route	Number,
	COMPLET		ICIAN: To the best of	of my knowledge, d	leath occurr	ed at the t	lme, data	and place, an	dua to	the cause(a) and man	iner as state	od.	
HOSPITAL FUNERAL within 72	Š	076) 2 MEDICAL EXAMINI	ER: On the basis of	examination and/or	Investigation	on, in my o	opinion, d	leath occured	it the tim	e, data and place, an	d due to the	e cause(a) an	d menner as stated,
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIE B.	that	-HD				D41	H80	n)	29d, DATE	SIGNED (MG	nth, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAL	JSE OF DEATH (IT	ЕМ 27) (Тура	, Print)					1020		
		DR. MICHAEL STRE	IFF - JO	HNS HOPK	CINS I	HOSP1	TAL	-720 R	UTLA	ROOM AND AVENU	E-BAL	TO.,M	D.
		AUG 11 1993	32. REGISTR	AR'S SIGNATURE									
		LI LI		Land Bright	107								

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	_	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF H	EALTH AND DEATH	MENTA	HYGIEN REG. NO.		2.	322	D
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE	OF DEATH	v v	EAR 3. T	IME OF DEAT	гн
		NATHANIEL COX					AUGU			1	2:39	рм
	Ι.	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH n, Day, Year)	3.	BIRTHPLAC Country)	E (State or Fo	reign
PS		225-24-7901 9a. FACILITY NAME (If not institution, give st		YRS.				21-2	2	VIA	4	
3 should	Œ	THE JOHNS HOPKI				R LOCATION OF D				Y OF DEATH		
~	18	RESIDENCE OF DECEDENT	NS HUSPITAL		BALITM	ORE CIT	<u>Y</u>		BALTI	MORE_		
Saties	DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				10d.	INSIDE CITY	
ij.		10e. STREET AND NUMBER			BAI						TES 2	NO
orko physician. burial-transit permit, Pages 1,	FUNERAL	THE COLOR OF THE COLUMN	1		10f.	. ZIP CODE	٠,		10g. CITIZE	N OF WHAT	COUNTRY?	
physician, burial-tran	S	1.37 M . Brong	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	2/23 ENDENT OF HISPA		7 (Specify Yea	or No. 14	BACE - A	/ merican India	•••
	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		2 NO	If yes, spe 1 — YES	ocify Cuban, Maxic	an, Puarto F	ilcen, etc.)		Black, Wh	ite, atc.	H11,
attending se as the						1				Blac	K	
=	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of life. Do NOT u	WSUAL OCCUPATION Work done during moses retired.)	ON st of working	16b.	KIND OF BUS	INESS/INDUS	TRY		
hospital ached for	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	LALO	r- Ba7	76-57			Teel.	-<'	11.	
the hospital of detached for once.	ON N	17. FATHER'S NAME (First, Middle, Last)		7,0		18. MOTHER'S N	AME (First, A			21 4		
# EE	BE	JAMES CO				PATT	1/ /	Brow	n			
retained 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)	/		ADDRESS (Street a	nd Number or Rura	Route Numb	er, City or Town	, State, Zip Co	ode)		
	-	20a. METHOD OF DISPOSITION	URT.	35	10 5-1	en H	1/2	1317	He 1	nel.	2121	15
e 6 may ector, pa		1 De Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		PLACE AND DATE Stary, crematory or co	OF DISPOSITION (Na ther placa)	me of	DATI	20c. LO	CATION — CIT	y or Town, S	leta	
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICE		oo hel		D ADDRESS OF F	ACILITY	4 6	19-170	172	4	
death, Page 6 may be funeral director, page I.		DA HE	-1111	0.			1//	7.	1.			
after by the movai.		23. PART I. Enter the diseases, or c	ercit //es		or enter the mor	2-7 11	1, 6	MIKO	11112	2	_	
hours or re		snock, or haart failure. I	ist only one cause on a	ach iine.	lot eliter the mor	ua or dying, soc	on se care	iiac or respi	ratory arras	ι,	Approxima	etween
Per line		iMMEDIATE CAUSE (Final disease or condition resulting in death)	Liver Fa	Juno							Onset and	Death
		resorting in death) / a	DUE TO (OR AS A	CONSEQUENCE O	F):					-	1 404	12.
xecuted and com bunal,	N	Sequentially list conditions,	Metasta								Znw	utus
r to le	ERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):							
e phy	윤	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):							
th certification of out officers	ᇤ	resulting in death) LAST										
the deal the att d Menta	ö	PART ii. Other significant conditions	contributing to death by	ut not resulting	in the underlying	Locus char la	Dord I	24s. WAS AN				
~ 5 C - I	S	renal faile		at not resulting	in the dilderlying	cause given in	Part I.	PERFOR	MED?	AWAR	E AUTOPSY FII LABLE PRIOR : PLETION OF C	TO
w requires that been signed by pt. of Health an 3 shows any	MEDIC	Sepsis	09				- 1	1 YES 2	□ NO	OF D	EATH?	
> D							-			'	YES 2 N	10
has has	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (C)	neck only on	0)				
SICIAN: The certificate the State i, or item	YSIG	1 - YES 2 0 NO	HOSPITAL:	etient 3 🗆 DOA	OTHER: 4 Nursing Home	5 🗆 Residence	8 🗆 Other	(Specify)				
PHYSICIAN: this certifica with the Sta	РНУ	27. MANNER OF CEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIN	URY WOI	RK?	28d. OE\$	CRIBE HOW IN	JURY OCCUP	REO		
DING PHYS After this death with	B	2 Accident Investigation	28a. PLACE OF INJURY	- At home form		ES 2 NO						
ATTENDING ECTOR: After s after death n 28 Is ma	밀	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Spec	ify)	scient, factory, office		City o	ATION (Street a or Town, State)	nd Number or	Rurel Route I	lumber,	
BIO DIR	LET	29a, CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowl	adaa daath aasum	ad at the time state.		40.00					\dashv
로 국 시 는	COMPL		: On the basis of examination							ause(s) and	manner as el	heted
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II		29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			29d. DATE S			
TO THE HOSPITA TO THE FUNERA DE filed within 7 IMPORTANT: 1	BE	000										12
FFA	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	Print)	JEWI Work	-		1)	1, -11	
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	DOUR	U.P.	5 6
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be new whilin it hours after begar with the State Dept. Of regard and wenter hybert prior to burket, Chemaron, or removed. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Leat)	CE	A.E. V.	2. DATE OF DEATH MONTH DAY	STAR SIGN PM
	218-22-7080 1	1 M 2 F 94 YRS. MOI	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) BALTIMORC
TOR	98. FACILITY NAME (If not institution, give stree ST. NGWES HUS RESIDENCE OF DECEDENT	SPITAL 1	BAATOMORE	EATH 9c. COU	NTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	TIMORE		10d. INSIDE CITY LIMITS? 1 See 2 no
FUNERAL		RST STREET	101. ZIP CODE 21229	U	IZEN OF WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 ☐ YES 2 DANO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxical 1 YES 2 NO Specify		14. RACE — American Indian, Black, Whita, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specily only highest grade con Elementary/Secondary (0-12)		done during most of working	16b. KIND OF BUSINESS/IND	DUSTRY
BE	17. PATOGER'S HAME (PINS. MICHAEL LINE)	TAGUE	EH	A HACKETT	
0	198. INFORMANT'S NAME (Type)Print) SHIR IS 175	scent 410 f	WDHURGT	ST. BATIMO	21229
	1 Burlet 2 Cereation 3 Temporal Donation 5 ObjectSpecify 1. Signature of Fundal Service Licen	1/105/1/2	PLANT PLANT AND ADDRESS OF THE	1995 Ronsal	Gray MP
	· Shuffy	Vones	2 DARED W	ARCH HONDA	BAIL MODES
	23. PART I. Enter the diseases, or contained in the diseases, or condition disease or condition resulting in death)	mplications that caused the death. Do not destinate the cause on each line. The man is a consequence of:	entar the mode of dying, such	h as cardiac of respiratory arr	Approximate / Interval Batween Onset and Death
SATION	cause. Enter UNDERLYING	Dilated Candio n DUE TO (OR AS A CONSEQUENCE OF): Recent 8ty		Congestive Rea	ntfaire
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):		5000	
	PART II. Other significant conditions of	contributing to death but not resulting in the	he undarlying cause givan in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 ☑ NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDICAL	- Recent Str	roke A Anemi	a of chronic d		OF DEATH?
SICIA		HOSPITAL: OT	26. PLACE OF DEATH (Che THER:		Agnes Raspital
ву РНУ	27. MANNER OF DEATH 1 Westural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	
	3 Suicide 8 Could not be 4 Homicide detarmined	29a. PLACE OF INJURY — At home, farm, street building, atc. (Specify)	A, factory, office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETED	one) 2 MEDICAL EXAMINER: C	AN: To the bast of my knowledge, death occurred at On the basis of examination and/or investigation, in			
TO BE (1D 1st year Resident	29c. LICENSE NUM		E SIGNED (Month, Day, Year) $3 - 5 - 93$
	24	COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print 1. Agnes	18)		
2	31. DATE FILED (Month, Day, Year) AUG 1 1 1993	32 REGISTRAN'S SIGNATURE			

,	1. DECEDENT'S NAME (First,		1) C(40	CERTIF	10-	USTER)	2. DATE	OF DEATH		YEAR 3.	C 5 D
	4. SOCIAL SECURITY NUMBER 212-09-0377	BER			rs. lest birthday) YRS.	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE (Mon	OF BIRTH)	8. BIRTHPL Country)	ACE (State or Foreig
OR	90. FACILITY NAME (If not in NORTHWEST H	OSPTAL	,				N OR LOCATION OF I	<u>L AII</u> DEATH	3. IV	9c. COUN	TY OF DEAT	тн
DIRECTOR	PESIDENCE OF DEC 10a. STATE MARYLAND	106. COUNTY BALTI				Y, TOWN OR LO						d. INSIDE CITY LIMITS?
FUNERAL	6 SIERRA CI		APT. K				21117			10g. CITIZ		USA
ВУ	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	2 NO	If yes	Specify Cuban, Mexic (ES 2. NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific N	en, Puerto				American Indian Thite, etc.
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E COMPL	17. FATHER'S NAME (First, M HARRY	liddie, Last)	STER				16. MOTHER'S N BESS	AME (First,	Middle, Mai		IN	
10 18	190. INFORMANT'S NAME (T MRS. YETTA C		2				et and Number or Rura					
	20a. METNOD OF DISPOSITI	ION on 3 🗆 Rem	oval from State		ACEAND DATE Ory, cremetory or or	OF DISPOSITION	(Name of	K OW	E 20c.	MTLLS LOCATION — C LTIMORE	ity or Town	
NOI		iona,	DUE TO (ony	10.	SUPF	SICC WC	7	-011			107
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
S	PART II. Other algoritica		a contributing to	leath but	not resulting	n the under	dag cause given i	Part I	240 1480	AN AUTOPSY	Tout W	-
							, mg oudeo given i	, ,	PER	FORMED?	AV	EDE ALITODOV EINI
MEDI									1 TYES	3 2 🗌 NO		ERE AUTOPSY FINI MILABLE PRIOR TO OMPLETION OF CA F DEATH?
: MEDI	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHER:	PLACE OF DEATH (C		ne)	3 2 □ NO		MILABLE PRIOR TO OMPLETION OF CA F DEATH?
PHYSICIAN	EXAMINER? 1 YES 2 YES 27. MANNER OF DEATH Westural 5	O MEDICAL Pending	26a. DATE OF I	NJURY , Year)	28b. TIM	OTHER: 4 Nursing I E OF 28c. URY 1	lome 5 Residence INJURY AT WORK? YES 2 NO	6 🗆 Oth	ne) er (Specify)	W INJURY OCCU	1	MILABLE PRIOR TO OMPLETION OF CA F DEATH?
ED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Thatural 5 2 Accident 3 Suicide 6	Pending	26a. DATE OF I (Month, Day	NJURY , Year)	28b. TIM	OTHER: 4 Nursing I E OF 28c. URY 1	lome 5 Residence INJURY AT WORK? YES 2 NO	8 □ Oth 28d. DE 28f. LO	ne) er (Specify) \$CRIBE HO	W INJURY OCCI	1 URED	ALABLE PRIOR TO MPLETION OF CA F DEATH YES 2 NO
D BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Therural 5	Pending Investigation Could not be determined	26a. DATE OF I (Month, Day	NJURY , Year) INJURY — tc. (Specify) ny knowledg	28b. TiM INJ At home, farm, t	OTHER: 4 Nursing I E OF 28c. URY M 1	injury AT WORK? YES 2 NO	8 Oth 28d. DE 28f. LO C/t)	ne) BY (Specify) SCRIBE HO CATION (Strong, Strong, RY OCCL por and Number of arte) menner as state-	URED or Rural Rould.	ALLABLE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRI	



31. DATE FILED (Month, Day, Year)
AUG 1 1 1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



















BALLIMORE, MARYLAND	iours after death. Page 6 may be retained by the hos	d in by the funeral director, page 5 should be detach or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/80,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGIS	STRAR	STATE OF MARYL			OF HEALTH AND E OF DEATH		GIENE S. NO.			
1. DECEDEN	T'S NAME (First, Middle, Last,	Ekin				2. DATE OF DEA	DAY	year 3. TIME OF DEATH 12:55a.		
374	26 2393	1 M 2 🗆 F	(In yrs. last birthday) 64 YRS.	IF UNDER	DAYS HOURS MIN	(Month, Day, Y	929	BIRTHPLACE (State or Foreign Country) MICHIGAN		
- /-	NAME (If not institution, give 18 19 HO ICE OF DECEDENT	spital		96. CIT	3altimol	e Cita	9c. COUNT	Sy of DEATH altimore Cita		
PRESIDENT 10a. STATE) lob. coun	Itmore C.	ty 10c. CIT	1	er LOCATION	/	10d. INSIDE CITY LIMITS? 1 VES 2 \(\text{NO} \) NO			
ERA	229 S.	Chapel ST	-/		101. ZIP CODE 212	231		EN OF WHAT COUNTRY?		
≥ 3 □ Widow	STATUS INCLE Married 2 Married ed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO		WAS DECENDENT OF HIS If yes, specify Cuben, Mei 1 YES 2 NO Sp	xican, Puerto Rican, e	ify Yea or No—	4. RACE — American Indien, Black, Whita, stc. Specify: WHITE		
Sements 12TH	15. DECEDENT'S ED (Specify only highest grad ery/Secondary (0-12) GRADE	UCATION le completed) Coffege (1-4 or 5+)	18e. DECEDENT'S (Give kind of life. Do NOT u	USUAL O work done se retired.)	CCUPATION during most of working		TAURANT	STRY		
17. FATHER'S	NAME (First, Middle, Lest) AROLD E. EKI	N	COOK			NAME (First, Middle, A				
	EBORAH CORBI	N	7410 I	ADDRESS	S (Street and Number or Ru CHIGAN - J	ACKSON, M	or Town, State, Zip C			
1 Duriel	D OF DISPOSITION 2 A Cremetion 3 Ref	movat from State Cer	D. PLACE AND DATE netery, crematory or of	ther place)		DATE 2	BALTIMOF			
21. SIGNATU	HE ON FUNERAL SERVICE L	Tohn		22. HU	NAME AND ADDRESS OF IBBARD FUNE	RAL HOME	INC.			
IMMEDIAT disease or	23. PART I. Enter the diseasea, or complications that coused the deeth. Do not enter the mode of dying, auch as cardiec or reapiratory arrest, shock, or heer failure. List only one couse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Multiple Carebral Turfurchions 2 wks									
If any, lead cause. End CAUSE (Di that initiat	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Necrotically Mycotic DUE TO (OR AS A CONSEQUENCE OF): Colonizing and frobable Invasive Mycosis, Mightly 2 wks									
PART II. O	-01	ns contributing to death to	out not resulting	In the un	derlying ceuse given	PI	AS AN AUTOPSY ERFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Des 2 \(\sum \) NO		
O EXAMINE	E REFERRED TO MEDICAL	HOSPITAL:		OTHER						
M I III Martu	OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b, TIN	- T	28c. INJURY AT WORK? 1 YES 2 NO		HOW INJURY OCCU	RED		
2	ide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe.	28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify)				Street end Number of State)	Rural Route Number,		
29e. CERTIFI (Check o one)	nly 1 CERTIFYING PHYS	SICIAN: To the best of my know						couse(e) and manner se stated.		
29b. SIGNATI	JRE AND TITLE OF CERTIFIE	Joen M)		29c. LICENSE P			SIGNED (Month, Day, Year)		
30. NAME AN GLER	D ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	lercy r		ial Center	301 St	Paul P	1. Bethrore MC		

	for STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	fronel ;	Titzh	ugh		2. DATE OF DEATH	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 577-18-8369	1½ M 2 □ F 85	yrs. lest birthday) YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Year) May 2, 190	Coun	HPLACE (State or Foreign by) nington, D.C.			
TOR	99. FACILITY NAME (# not institution, give start in 1311 Farmingdale RESIDENCE OF DECEDENT	_			el Oaks	ATH	9c. COUNTY OF	George's			
DIRECTOR	10e. STATE 10b. COUNTY	ce George's	19c. CITY,	TOWN OR LOCAT	776	el Oaks		10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO			
FUNERAL	1311 Farmingdale	Avenue		101.	20743			what country? States			
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 _ YES IF YES, GIYE WAR OR DATE	2 X NO	If yes, spe	ENDENT OF HISPANI citly Cuben, Mexican 2 NO Specify:	IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No — 14. RAC Blac Spec	E — American Indian, ik, White, atc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION 1 completed) College (1-4 or 5+)	life. Do NOT use	rk done during mos retired.)	N it of working		SINESS/INDUSTRY	rican			
N	12 17. FATHER'S NAME (First, Middle, Last)		Retir	ea			overnmen	t			
	Arthur H. Fitzhu	a h				ME (First, Middle, Malden	Surname)				
R	19e. INFORMANT'S NAME (Type/Print)	811	195 MAILING A	DDBESS /Street or		Bailey oute Number, City or Town	- Chata The Conde				
2	Sadie J. Coates		1					land 20743			
	20a. METHOD OF DISPOSITION 1 Durisl 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Complete Compl										
	21. SIGNATURE OF FUNERAL SERVICE LIC	22. NAME AN STEWAR	Dnal Cemetery 8/12/93 Laurel, Maryland NAME AND ADDRESS OF FACILITY TEWART FUNERAL HOME								
	22. PART I. Enter the diseases, or o	complications that caused t	ha death. Do no	t entar the mos	senning R	Road, N. E	., Washin				
	Approximate ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (or as a consequence or):										
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A Co	ONSEQUENCE OF):								
AL	PAST II. Other significant condition	a contributing to death but	not resulting in	the underlying	1 1/1/1/1	DEDECOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDIC	Deter wells	s, memor	ruls	Hurrys	ne Joseph	VES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	26. PLACE OF DEATH (Check only one)						
Sic	14 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Output		OTHER:	5 Residence						
ВУ РНУ	27. MANNEB-OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b, TIME INJUI	OF 26c. INJU	26c. INJURY AT WORK? 1 YES 2 NO						
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, str	5, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner ee stated.										
TO BE (296 LICENSE NUMBER 296 LICENSE NUMBER 296 LICENSE NUMBER 296 LICENSE NUMBER 297-93 8-7-93										
,	Augus Whomess of Person Whomes	COMPLETED GASE OF MEATING CHYLLE Z 1112) 132. REGISTRAR'S SIGNAT	H (ITEM 27) (Type, P	Rayp	em Ch.	Ca San	rege N	1 20 74x			
0	AUG 1 1 1993	Shie Deviden B				. /	/				

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

93 23233

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO G-702 8/23/93 t.t

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF H	IEALTH AND I	MENTAL HYGIEI REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) MARRISA (MORRISA	1. DECEDENT'S NAME (First, Middle, Last) MADRICA (MORRISA) H.			Κ	2. DATE OF DEATH NONTH DAY YEAR					
	4. SOCIAL SECURITY NUMBER 212-56-8548	5. SEX 6. AGE (In yr.	3. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 1,	6.	3 2:56 P M BIRTHPLACE (State or Foreign Country) MARYLAND			
_	9e. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN C	DR LOCATION OF DE		9c. COUNTY				
CTO	6930 MARSUE DE		-C	BAL	TIMORE		BALT	IMORE			
DIRECTOR	MARYLAND 106. COUNTY	BALTIMORE		Y, TOWN OR LOCAT LTIMORE	TION			10d. INSIDE CITY LIMITS? 1 YES 2 \(\bar{L} \) NO			
FUNERAL	100. STREET AND NUMBER 6930 MARSUE DR.,	APT. 1-C		tor	21215		10g. CITIZEN	OF WHAT COUNTRY?			
B≺	1t. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 [X] NO Specify	NIC ORIGIN? (Specify Youn, Puerto Rican, atc.)	s or No- 14.	RACE — American Indien, Black, White, etc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	USUAL OCCUPATION WORK done during mode in retired.)	ON st of working	16b, KIND OF BE	JSINESS/INDUS	TRY					
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM	FOX			18. MOTHER'S NA MARC	ME (First, Middle, Maide GARET	SCALI:	SSELBERG			
TO B	19a. INFORMANT'S NAME (Type/Print) IRVING F. COHN					Poute NDALTO . To		10			
	20a. METHOD OF DISPOSITION		CEANDDATE	OF DISPOSITION (Ne	7.00	A TRUST		#21201			
0	1 & Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) BALTIMORE, MD										
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215										
8) (7)	23. PART LEnter the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Batwee Onset end Dear disease or condition resulting in daath) a. ACUTE NARCOTIC INTOXICATION										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL O	PART II. Other significent conditions	n tha underlying	j cause given in	Part I. 24a. WAS AI PERFO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HYSI		1 Inpatient 2 ER/Outpatien 28a. DATE OF INJURY	nt 3 □ DOA		Residence		N. H. III. O. O. O. O. O. O. O. O. O. O. O. O. O.				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	5 Pending (Month, Day, Year) INJU UNKNOWN UNKNOWN				NY M 1 YES 2 NO UNKNOWN					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify) UNKNOWN	treet, factory, office	, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) UNKNOWN							
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of examination end/of investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner as stated.										
	2 X MEDICAL EXAMINER	: On the basic of exemination end	1/of Investigation	n, in my opinion, de							
38 C	Must &	Ale Au	1		O.C.M.		SIGNED (Month, Day, Year)				
2	MARIO F GOL			•		nore, Ma					
/1	31. DATE FILED (Month) Day, Year)	32. BEGISTBAR'S SIGNATUR				,					

	1. DECEDENT'S NAME (First, M	1	SCHER	?		ICATE OF	7 2 11	2. DATE MONT		ğ	3. TIME OF 12:58
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In y	rrs. lest birthday) YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH h, Day, Year)		BIRTHPLACE (State Country)
2	216-34-1881 96. FACILITY NAME (If not instit SINAI HOSPIT	itution, give a				96. CITY, TOWN BALTIM	OR LOCATION OF DO		Y 4,1936		MARYLAND Y OF GEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND					Y, TOWN OR LOCAL	ITION				10d. INSIDE LIMITS:
ERAL	100. STREET AND NUMBER 2338 BRIGHTL	100. STREET AND NUMBER 2338 BRIGHTLEAF WAY				10	21209	344			N OF WHAT COUNTS
BY FUNE	14	11. MARITAL STATUS 1 Never Merried Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER II FORCES? 1 V VES IF YES, GIVE WAR OR D. ARMY			2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxie S 3/ NO Speci				
PLETED	(Specify only h	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind of life. Do NOT u	B USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUST					
COMPL	17. FATHER'S NAME (First, Midde HARRY F	die, Last)	CHER				18. MOTHER'S N. MILD	AME (First, RED	Middle, Maiden Surni FRIEDI	MAN	
TO BE	190. INFORMANT'S NAME (Type MRS. INA FLEI		2				and Number or Rural				
	2338 BRIGHTLEAR WAY BALTO., PID 21209 20c. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State										
	21. SHONATURE DE STREAM SERVICE SERVIC										OWN, MD
	SOL LEVINSON & BROS., INC.										
	28 PART I. Enter the office shock, or hea	eases, or	Jania	at caused thuse on each	he death. Do	SOL L 6010	EVINSON REISTERT	OWN I	RD. BAL	TO.,	t, Appro
ERTIFICATION	28 PART I. Enter Die orbe	nases de la company de la comp	a. OAT DUE TO	CED O (OR AS A CO	h line.	SOL L 6010 not enter the m	EVINSON REISTERT	OWN I	RD. BAL'	TO.,	t, Appro
MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	na, ate G	a. OAT DUE TO DUE TO DUE TO	O (OR AS A CO	ONSEQUENCE O	SOL L 6010 not enter the m	EVINSON REISTERT ode of dying, aud NICER W	OWN I	RD. BAL'	TO., ry arrea	t, Appro
MEDICAL CERTIFI	Sequentially list condition if any, leading to immediacase or injury that initiated events resulting in death) LAST	na, ate G	DUE TO d	O (OR AS A CO	ONSEQUENCE O	SOL I 6010 not enter the m LNG CA F): In the underlyle	EVINSON REISTERT ode of dying, aud NICER W	OWN I ch as card	RD. BAL diac or respirato META 24a. WAS AN AUTT PERFORMED 1 YES 2 1	TO., ry arrea	24b. WERE AUTOP AMILABLE PI COMPLETION OF DEATH?
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leading to immediacause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent	na, ate G	a. OAT DUE TO DUE TO DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	ONSEQUENCE O	SOL L 6010 not enter the m LNG Ch F): F): OTHER: 4 Nursing Ho	EVINSON REISTERT ode of dying, aud BNCER W og cause given in PLACE OF DEATH (C) The 5 - Residence	OWN In the care of	RD. BAL diac or respirato META 24a. WAS AN AUTH PERFORMED 1 YES 2 1	IO., ry arrea	24b. WERE AUTOP AMILABLE PI COMPLETION OF DEATH? 1 YES 2
PHYSICIAN: MEDICAL CERTIFI	25 PART I. Enter the disease or condition resulting in death) Sequentially list condition if any, seading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 P	na, ate G	DUE TO DUE TO	O (OR AS A CO O	DNSEQUENCE O	SOL L 6010 not enter the m LNG Ch F): F): SF): OTHER: 40 Nursing Ho MURY M 1	EVINSON REISTERT ode of dying, aud BNCER W Ing cause given in PLACE OF DEATH (C) THE S Residence JURY AT ORK? YES 2 NO	OWN In the care of	RD. BAL diac or respirato META 24a. WAS AN AUTT PERFORMED 1 YES 2 1	IO., ry arrea	24b. WERE AUTOP AMILABLE PI COMPLETION OF DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL CERTIFI	25. WAS CASE REFERRED TO LEXAMINER? 1	na, ate G	DUE TO DUE TO	O (OR AS A CO O	ONSEQUENCE O	SOL L 6010 not enter the m LNG Ch F): F): OTHER: 4 Nursing Ho AE OF 28c. R WWW. W	EVINSON REISTERT ode of dying, aud BNCER W Ing cause given in PLACE OF DEATH (C) THE S Residence JURY AT ORK? YES 2 NO	OWN I ch as care IT H Part I. 6 Other 286. OE:	RD. BAL diac or respirato META 24a. WAS AN AUTT PERFORMED 1 YES 2 1	DPSY	24b. WERE AUTOP AMILABLE PI COMPLETION OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL CERTIFI	25 PART I. Enter the dissection of the analysis of the analysi	na, ate G G I Condition MEDICAL ending evertigation outd not be retermined	DUE TO DUE TO	O (OR AS A CO O	ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O At home, farm,	SOL L 6010 not enter the m LNG Cf. F): F): The control of the	EVINSON REISTERT ode of dying, aud BNCER W og cause given in PLACE OF DEATH (C) The 5 Residence JURY AT J	Part I. Part I. 286. OE: 287. LOC City a to the car	RD. BAL diac or reapirato META 24a. WAS AN AUTO PERFORMED 1 YES 2 1 or (Specify) SCRIBE HOW INJUR CATION (Street and Nor Town, State)	DPSY 77 NO DPSY 78 NO DPSY 79 NO DPSY 79 NO	24b. WERE AUTOP AMRILABLE PI COMPLETION OF DEATH? 1 YES 2

DHMH-16 Rev 1/89

EPT VELL - STE VOLEN WITH HER FREITH

Larve Trive Zames 14. 2.

		1 - STATE REGISTRAR	SIAIE UF I					DEA		MENTAL HYGIEN REG. NO	_		
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		VEAR 3.	. TIME OF DEATH
	3	MARY 4. SOCIAL SECURITY NUMBER	GRO 5. SEX							AUGUST 7			2:01 a.m.
		213-01-5099	1 M 2 4-F	6. AGE (In yrs. Is	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) HU925,	1902	Country)	ACE (State or Foreign
		90. FACILITY NAME (If not institution, give s THE JOHNS HOPK	,	TTAL				OR LOCATI			9c. COUNT		
8	2	RESIDENCE OF DECEDENT		TTAL		DA	LIII	MORE	CITT		BALI	IMURI	E CITY
DIRECTOR		MATURA 106. COUNTY	<i>'</i>		10c. CIT	TOWN	OR LOCA		4)				DI. INSIDE CITY LIMITS? YES 2 \(\square\) NO
		10e. STREET AND NUMBER	+	4		1	10	H. ZIP COD	E	6	10g. OITIZE		AT COUNTRY?
FIINFRAI	SINE.	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13	WAS DE	CENDENT	LO	C ORIGIN? (Specify Ye	U,	ر <u>چ</u>	H.
2	5	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 AMAR OR OATES	110		If yes, sp	secify Cube	Mexica:	n, Puerto Ricen, etc.)	or No-	Bleck, V	American Indian, White, etc.
i i		15. DECEDENT'S EDUI (Specify only highest grade	completed)	(0	ECEDENT'S Give kind of a. De NOT u		during me	ON ost of workli	10	16b. KIND OF BU	SINESS/INOUS	STRY	
COMPLETED	1	Elementery/Secondary (0-12)	College (1-4 or 5	" /	om	em	AK	all	,				
11 B		MOINTOE	hilds		_			17	70/	E (first, Middle, Malder	1/e	4	
must be notified		Mrs. CAlher, ne	GROS	SS (120	ADDRES	S (Street	TRE	AN RATE OF	olub Number, City or Top	on, State Zip Co	75 4	10/2/20
		20e METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)		20b. PLACE gemetery, cr		ther place		es 1	bla	2 %2 B	PATO	y or Toyu	State Ind.
examiner		21. SMHATURE OF FUNERAL SERVICE LIC	1 /1	se		3	050	NO ADDRES	SOLOF FA	755 FU	Ralt.	2/14	ome
medical	1	23. PAST I. Enter the diseases, or o shock, or heart fellure.	omplications the	it caused the d	eath. Do	not entai	r the mo	ode of dy	ing, such	se cerdiac or reap	iratory srrea	it,	Approximata interval Batween
2		IMMEDIATE CAUSE (Finel disease or condition		ardia		Annal	Bus	An Aich					Onset and Deati
event,		resulting in desth)	DUE TO	(OR AS A CONSE	OUENCE O	F):	- 1	70-40-					tewhork
ATION		Sequentially list conditions, if any, leading to immediate	DUE TO	COR AS A CONSE			1ce			-			20115
FICAT	5	CAUSE (Disease or Injury		MYONIC	Rev	-	fail	42					months
CERTIFICATION		that initiated events resulting in death) LAST	d	(ON AS A CONSE	OUENCE O	r).							
		PART II. Other significant condition				in the u	nderlyin	g ceuse ç	given in I	Part i. 24s. WAS AN			ERE AUTOPSY FINDINGS WILABLE PRIOR TO
EDIC.		Chronic Renal for	ailum, Hi	n, blind	neys					1 YES :		CC	OMPLETION OF CAUSE F DEATH?
N N										-		1	YES RE NO
PHYSICIAN: MED		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF O	EATH (Che	ck only one)			
HYS		1 VES 2 NO 27. MANNER OF DEATH	28e. OATE OF		26b. TIM	E OF	28c. IN.	JURY AT	aldence	28d. DESCRIBE NOW	INJURY OCCUP	RED	
BY P		Natural 5 Pending Accident Investigation	(Month, E			M	1 🗌	YES 2	NO NO				
TED		3 Suicide 6 Could not be determined	28e. PLACE O building,	of INJURY — At he etc. (Specify)	ome, term,	street, fac	tory, offic	:0		28t. LOCATION (Street City or Town, State)	and Number or	Rural Rout	e Number,
BE COMPLETED		29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE								to the cause(e) end me lime, date and place, ar			nd manner as stated.
E H		296. SIGNATURE AND TITLE OF GERTIFIER	سطعن					29c. LICE	NSE NUM	BER	29d. DATE S	IGNED (M	onth, Day. Year)
2		30. NAME AND ADDRESS OF PERSON WHI		SE OF OEATH (ITE	M 27) (Type	Print)	لخلاتك	_ P	UD		- 01	. / -	2
F	1	31. DATE FILEO (Morith, Day, Year) AUG 1 1 1993		AR'S SIGNATURE	delle								
		T T 1000	-		sayon and or the								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit per befilled within 72 hours after death with the State Degt, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 23236 CERTIFICATE OF DEATH

	4 DECEMBER TO MAKE ITTER AND ALL AND AND AND AND AND ADDRESS OF THE PARTY OF THE PA											
	1. DECEDENT'S NAME (First, Middle, Las	GOODE				BACANTA	OF DEATH	A 13.	3. TIME OF			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	F UNDER 1 YEA	-	7. DATE	OF BIRTN	8.	BIRTNPLACE (State Country)			
	212 18 929° 9a. FACILITY NAME (II not Institution, give	7 1 D M 2 F	O/ YRS.		N OR LOCATION OF	01-		12	9.1			
CTOR	BONSECOUR	5 HOSPITA	P	96. CITY, TOW	ILL K	17		BA COUNTY	Cordin			
ECT	RESIDENCE OF DECEDENT	ITY	10c. CI	TY, TOWN OR LO	CATION			11/42	10d. INSID			
1	Maryland			BAIL	more	7	-715		1 YES			
FUNERAL	2725 WAI	brook 1	tue.		2/2/	6		U	S, H,			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes,	DECENDENT OF NISF specify Cuban, Mex (ES 2 NO Spe	ican, Puerto f	I? (Specify Yer Ricen, etc.)	s or No — 14	Black, White, etc.			
COMPLETED	15. DECEDENT'S E((Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)		S USUAL OCCUP. I work done during use retired.)		16b.	KIND OF BU	SINESS/INDUS	TRY			
OMI	17. FATHER'S NAME (First, Middle, Last)	1 11	11011	10/11/	18. MOTHER'S	NAME (First, A	Middle, Maiden	Sumana				
BEC	William	Dell			EB	imi	A,	1101	MAS			
2	194 INFORMANT'S NAME (Type/Print)	BouHill	196. MAILIN	3 ST	gt and Number or Rur	el Route Numb	Roll Roll	BAL	To ml			
- 4	20a. METNOD OF DISPOSITION 1 D Surial 2 Cremation 3 Re	emoval from State	Ob, PLACE AND DATE	OF DISPOSITION	Marcol 1	2	20c.10	CATION CIT	y or Town, State			
	4 Donation 5 Other (Specify)		Wester	Lasinam	AV CEM	9/6	3 160	A110	CO, 71			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 23. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 24. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 25. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 26. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 27. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 28. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS OF BOOLINGS F-UNEVAL 29. NAME AND ADDRESS F-UNEVAL 29.											
	23. PAST I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,											
	23. PAST I. Enter the diseases, o	r complications that caus	ed the death. Do	not anter the	mode of dying, s	UOT//	flac or resp	ratory arres	t, Appr			
	iMMEDIATE CAUSE (Final	r complications that cause. List only one ceuse on	ed the death. Do each line.	not anter the	mode of dying, s	UOV// uch as card	flac or resp	Piratory arres	t, Apprinter			
	anock, or heart fellun	e. List only one ceuse on	rating	fai	mode of dying, so	UOV//	flac or resp	Piratory arres	inter			
2	immediate Cause (Final disease or condition resulting in death)	e. List only one ceuse on	ed the death. Do each line. La Lay A CONSEQUENCE Static	fai	mode of dying, and Lu-4	uch as card	flac or resp	Piratory arres	inter			
ATION	immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	a. Respection As Due to ion As	rating	fai Lu	mode of dying, as	uch ss card	Slac or resp	C, CVH	inter			
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IL CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS	A CONSEQUENCE OF	OF):	lnu ng Ca		24s. WAS AN	A AUTOPSY	Inter Onse			
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EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	b. DUE TO (OR AS c. DUE TO (OR AS d. Ona contributing to death I S CUS N COFFIAL: 1 Manpatient 2 = ER/OL	A CONSEQUENCE OF A CONS	OF): DF): OF): OF): OF): OF): OF): OF): OF): OF): OTHER: 4 Nursing is	In 4	in Part i.	24a. WAS AN PERFOI	AUTOPSY RMED?	24b. WERE AUTO AMAILABLE: COMPLETIO OF DEATH?			
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ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions or injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	b. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS) d. DUE TO (OR AS d. DUE TO (OR AS)	each line. Latry A CONSEQUENCE (A CONSEQUENCE (A CONSEQUENCE (Dut not reculting Lypather 3 DOA A CONSEQUENCE (A CONSEQ	OF): DF): OF): OF): OF): OTHER: 4 Nursing M OF 28c. UJURY M 1	In	in Part i. Check only on 6 Othe 28d. DES	24a. WAS AN PERFOI 1 YES 2	A AUTOPSY RMED7 2 NO INJURY OCCUI	24b. WERE AUTO AWAILABLE COMPLETIO OF DEATH? 1 YES			
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the condition of the condition o	b. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (O	but not recuiting Lypather 3 DOA At DOAD A CONSEQUENCE OF THE CONSE	OF): DF): OF):	In La Ca. ying cause given PLACE OF DEATN (flore 5 Residence INJURY AT WORK? YES 2 No ffice	Check only on 6 Othe 28d, DES 281, LOC City bus to the cau he time, data	24a. WAS AN PERFOIL 1 YES 2 1 (Specify) CRIBE NOW I	I AUTOPSY RIMED? 2 NO INJURY OCCUP and Number or	24b. WERE AUTO AMAILABLE COMPLETIO OF DEATH? 1 YES			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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en signed by the attending physician	of Health and Mental Hygiene prior to	
has been signed by the attending physician	Dept. of Health and Mental Hygiene prior to	
tificate has been signed by the attending physician and completely fleet in by the where director, page 5 shor	e State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE O	F DEAT	ГН		REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH	
	Beatrice V. Gre	en						08	07		93	6:20 Am	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS		OF BIRTH	19	_	IPLACE (State or Foreign	
	215-18-1845	1 M 2 F		YRS.	MONTHS DAY		MIN.	(Monti	n, Day, Ybar)		Count	ry)	
	9a. FACILITY NAME (# not institution, give		72		9b. CITY, TOW				<u>14 192</u>			yland	
œ		street and namber)					ON OF D	ATH 9c. COUNTY OF D			EATH		
2	3910 Marx Ave.			Baltimore					N/A				
2	10a. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
DIRECTOR	Maryland Balti	mono			C-+					LIMITS?			
31	10e. STREET AND NUMBER	IIIOT E		Catonsville					10g. CITIZFI			1 YES 2 NO	
2	F040 F-1 - 1 - 4										10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	5810 Edmondson A		IT EVER IN U.S. ARI			21228					<u>USA</u>		
	1 Never Married 2 Married	FORCES? 1	YES 2 N	2 NO If yes, specify Cuban, Ma			n, Maxica	HISPANIC ORIGIN? (Specify Yes or No-			14. RACI	 RACE — American Indian, Black, White, etc. 	
B	3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES	1 TES 2 NO Specify:				ly:					
	15. DECEDENT'S EDU	CATION	16a DE(n. DECEDENT'S USUAL OCCUPATION				101	KIND OF BUIL	111500 (III	T T T T T T T T T T T T T T T T T T T	White	
COMPLETED	(Specify only highest grade	e completed)	(Gh	ve kind of	work done during	most of workin	DN 16b, KIND OF BU st of working			MILESS/IN	DUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5 a	+)						Ralti	more	Count	ty Schools	
₹ I	17. FATHER'S NAME (First, Middle, Lest)		Sec	cret	arv	and the same					COUIT	dy Schools	
				18. MOTHER'S NAME (First, Middle, Maiden Mahel Trouler					Surname)				
BE	John W. Trost 19a. INFORMANT'S NAME (Type/Print)			Mabel Trogler 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town,									
2											,		
	Kenneth W. Green		5810 Edmondson Ave.			e. C							
	1 Burial 2 Cremetion 3 Rem		ACE AND DATE OF DISPOSITION (Name of c, crematory or other place)				DATE 20c. LOCATION — City or Town						
	4 Donation 8 Other (Specify)	Green N	en Mount Cemeter						timore, Maryland				
- 1	ar signar tire out the like service of	5/4		22. NAME AND ADDRESS OF FACILITY									
	17001	nee	6150	Gary L. Kaufman Funeral						Hom	es		
	23. PART I. Enter the diseases, or	complications the	t caused the dec	eth. Do	not enterthe	node of dyl	ng, suc	h Setar	Had UP TER	N T	y Lanc	2 Approximate	
	shock, or heart feilure.	List only one ceu	ise on each fine.		_	G.			•		,	Interval Between	
Λ	MMEDIATE CAUSE (Finel disease or condition	not.	ran en en	_/	Vient	En of	1	- >	2500	201	, ,	Onset and Death	
1	resulting in death)	DUE TO	(OR AS A CONSEC	UENCE O	pecer	eva	·						
- 1		Paris	11000	un.	de!	1 1	1:	100	user			İ	
<u>ō</u>	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQ	UENCE O			600	nec	7				
¥	cause. Enter UNDERLYING								1,				
트	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEQ	UENCE O	F):								
CERTIFICATION	resulting in death) LAST	4		INSEQUENCE OF):									
DICAL	PART II. Other significent condition	is contributing to	death but not re	suiting	in the underly	ing ceuse g	iven in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
음									1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
¥	-											1 YES 2 NO	
ä													
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DE	EATH (Ch	eck only on	e)				
)S	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing H	ome 5 Re	sidence	8 Other	r (Specify)				
ξ	27. MANNER OF DEATH	28a. DATE OF (Month, De		28b. TIN	E OF 28c.	NJURY AT			CRIBE HOW II	NJURY OC	CURED		
BY F	1 Netural 5 Pending 2 Accident Investigation	(Moran, Da	oy, rear/	ire.	M 1 [WORK?	NO.						
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At hor	ne, farm,	street, factory, o	fica		281. LOC	ATION (Street s	nd Numbe	or Or Rural F	Route Number,	
COMPLETED	4 Homicide determined	building,	etc. (Specify)					City	or Town, State)				
١٣	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge des	dh annum	ad at the time of	to and alone							
ጅ	(Check only one) 2 MEDICAL EXAMINE												
8			- 0	- July	an, in my opinion				and place, an	d dua to t	ne cause(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	2 Cells	en la	2		DO				29d. DA	TE SIGNED	(Month, Day, Year)	
2	20 Half Alle	iza fa				100	18	_		10	16/	95.	
	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type	, Print)								
	AUG 1 1 1993	12. REMISTRA	A'S SIGNATURE	L									
1/1	MUU I I IIII	//											

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	an.	ransit permit. Pages 1,	
AND 21215-0020	ne hospital or attending physicia	letached for use as the burial-t	
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, mail	Section of the last of the las
BAL	fter deat	the fun	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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MEDICAL		
BY PHYSICIAN: MEDICAL CERTIF		
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	HEGIS I HAH			CKIII	ICALL		UEA	П	REG. NO	Э.		
	1. DECEDENT'S NAME (First, Middle, Last	LLOYD (GOREN						2. DATE OF DEATH MONTH AUGUST	DAY 1003	VEAD	TIME OF DEATH 9:10 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. let		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
	214-68-0197	1 XX M 2 □ F	31	YRS.					SEPT. 2	25,195	5 MAI	RYLAND
~	Se. FACILITY NAME (If not institution, give				9b. CITY		OR LOCATI		НТА	9c. COUNT	TY OF DEAT	н
0	3019-K ROMARIO	Cr.				DAL	rimof	(E				
DIRECTOR	10e. STATE NEW YORK 10b. COUN	тү		10c. CIT	ry, town (TION			·		d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					10	f. ZIP COD			10a C(T)7		YES 2 NO
FUNERAL	600 W. 239th S						104			iog. Citiz	ÜŚ	T COUNTRY? A
BY	11. MARITAL STATUS 1 Server Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	AER SATA	RMED NO		If yes, sp		n, Mexica	IC ORIGIN? (Specify Yn, Puerlo Rican, atc.)	se or No	I4. RACE — Black, W Specify:	American Indian, hite, atc. WHITE
	15. DECEDENT'S ED (Specify only highest grad	UCATION to completed	16e. DE	ECEDENT'S Sive kind of	USUAL O	CCUPATI	ON		186. KIND OF B	USINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	166	. Do NOT u	se retired.)		PROCI		2 1	LAW		
S	17. FATHER'S NAME (First, Middle, Last)				_	_	16. MOT	HER'S NAI	ME (First, Middle, Maide	n Sumeme)		
BE C	SAMUEL GOREN						I	ANN I	MALIN			
2	190. INFORMANT'S NAME (Type/Print) MR HARVEY GOREN	1	19	63	50 RI	S (Street C	end Number EDAR	PLA	CE, APT. 2	Nn. State, Zip (TIMOR	E, MD 2120
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Re 4 Donation 6 Other (Specify)		20b. PLACE	AND DATE	OF DISPOS	N) MOITIE	ame of		B-10-93 B	ocation — c ALTIMO	RE, M	State D
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE			22.	NAME A	NO ADDRE	insc	N'& BROS.	,INC.		
	you	Doge	مدعد			601	O REI	STEF	RSTOWN RD.	BALT	IMORE	, MD 21215
	23. PART I. Enter the diseases, or shack, on heart failure IMMEDIATE CAUSE Princi disease or condition resulting in death)	a. Lym	se on each line	D.				ing, suci	n es cerdiec or res	piratory erre	et,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Acqui	(OR AS A CONSE	OUENCE O	node	ZKI	wency	Sym	dromo			5 years
		u										
MEDICAL	PART II. Other eignificant condition	one contributing 10	death but not	resulting	In the ur	nderlyin	g ceuse (given in	Part I. 24s. WAS A PERFC	N AUTOPSY ORMED?	CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 1 NO
=												
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	EATH (Che	ck only one)			
S	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	B DOA	OTHE		10 6 DE TO	aldence	8 Other (Specify)			
Y PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF (Month, Da		28b. TIN		28c, IN.	JURY AT	NO	28d. DESCRIBE HOW	INJURY OCCU	JRED	
LED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF	F INJURY — At he	ome, farm,	street, fac	tory, offic	•		281. LOCATION (Stree City or Town, Stat	t and Number o	or Rural Route	e Number,
W	29e. CERTIFIER	CICIANI T- III I	to the state of th				2000			No.		
COMPLETED	(Check only one) 2 MEDICAL EXAMI											nd menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED ROBERT Kee		Pobert	Kan	1			O69		29d. DATE	SIGNED (MO	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W				Print)	aLt			0 2120	21	7.	
~	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	71	10	-		M	0 2100	•		
2	AUG 1 1 1993	gene verse	son-gand	ul.						0.0		



- 5	1. DECEDENT'S NAME (First, Middle, Last)	HENRY				2. DATE MONT	OF DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-03-15550	6. SEX 6. A6	SE (In yrs. lest birthdey) 8 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Monti	OF BIRTH 1, Day, Year)		HPLACE (State or Foreign try)
OR	9a. FACILITY NAME (If not institution, give so old Court Nuvsing	CENTRE	101d Court Rd.		DALLSTO		9c. C	BALT	IMOR E
DIRECTOR	10e. STATE 10b. COUNT			PALTIN					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2116 GWYN	W OAK	AVE	1	101. ZIP CODE 2120	7	10g. C	CITIZEN OF	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 100	If yes,	ECENDENT OF HISPAI apecify Cuban, Mexica ES 2 AO Specifi	n, Puerto	1? (Specify Yea or No- Rican, etc.)	14. RAC Black	E — American Indian, ok, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	S USUAL OCCUPA: work done during i use retired.)	most of working	168	KIND OF BUSINESS/	INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) FRANK	GANT		,,,,		ME (First,	Middle, Maiden Surname	»)	
0		FROON	711	6 Gw	YNNOA	KAY	ber, City or Town, State, 16 BALTO	Mo	21207
	20a. METHOD OF DISPOSITION 1	novel from State	20b. PLACE AND DAT 1 cometary, cremator 20001644	y or other place)	147	8-		- City or T	Mn State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		1 22. NAME	AND ADDRESS OF FA	CILITY			
	Joseph.	L. Russ)	Jos.	ZW. NIC	Rus.		212	16
	23. PART I. Enter the diseases, prehock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only Dns cause of	n aach line.	Do s. 222	node of dying, suc	245	H AUE		Approximate Interval Betwe
SATION	23. PART I. Enter the diseases, prehock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	S. DUE TO (OR A	n aach line.	DEP:	node of dying, suc	245	H AUE		Approximate Interval Between
ERTIFICATION	23. PART I. Enter the diseases, prehock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	S. DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE C	DEP:	node of dying, suc	245	H AUE		
IEDICAL CERTIFICATION	23. PART I. Enter the diseases, prehock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF	DEP:	COH L. N.	Rus.	H AUE	srrest,	Approximate interval Betwee Onset and Date Onset and Date Onset on Date Onset on Date Onset on Date Onset on Date Onset on Date Onset on Date Onset On
: MEDICAL	23. PART I. Enter the diseases, prehock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and conditions in death and conditions in the conditio	B. DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF AS A C	DF):	COH L. N.	Part I.	diac or respiretory 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	srrest,	Approximate interval Betwee Onset and Das On
HYSICIAN: MEDICAL	23. PART I. Enter the diseases, prehock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of t	S. DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A d	AS A CONSEQUENCE OF THE PROPERTY SERVICE OF THE PROPER	DF): OF):	node of dying, such	Part I.	diac or respiretory 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	SY 24	Approximate interval Betwee Onset and Das On
: MEDICAL	23. PART I. Enter the diseases, prehock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of t	B. DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d	As a consequence of the but not resulting outpetlent 3 DOA RY 28b. Till RY DURY — At home, farm,	DF): OF): OF): OTHER: 4 Nursing H ME OF UJURY M 1	Ing cause given in PLACE OF DEATH (C) Ome 5 Residence WORK? YES 2 NO	Part I.	diac or respiratory 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	SY 24	Approximate interval Betwee Onset and Das On
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, prehock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 768 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending investigation investigation in Suicide 6 Could not be determined.	B. DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF AS A C	DF): OF):	Inode of dying, such and and place, and during the last and during the last and during the last and during the last and during the last and during the last	Part I. Part I. Beck only of the case to	diac or respiratory 24a. WAS AN AUTOPPERFORMED? 1 YES 2 NO NO. SCRIBE HOW INJURY CATION (Street and Numor Rown, State)	SY 24 OCCURED ober or Rural stated.	Approximate interval Betwee Onset and Das On

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AUG 1 1 1993

32. REGISTRAR'S SIGNATURE
Fulia Davidon Randall

COUNTRO

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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31. DATE FILED (MONTH Day, Year)
AUG 1 1 1993

32. REGISTRAR'S SIGNATURE

										9	3	23240
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT	OF HEAD	IA HI	ND MEN	TAL HYGIEN REG. NO	E	0	
	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH	AW ,	YEAR	3. TIME OF DEATH
	GARY	LEE			LMIC				රී පිරි	8 9	953R	11:30 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	, ,	IF UNDER 1	YEAR IF L	NOER 24 H	HM. (M	TE OF BIRTH onth, Day, Year)		Country	
1	213-86-0609 9a. FACILITY NAME (If not institution, give a	1 XM 2 - F	30	YRS.				05	5/31/63			ryland
<u>ac</u>		treet and number)				TOWN OR LO		OF DEATH		9c. COUN	TY OF DE	EATH
I R	SHOCK TRAUMA				BAL	OMIT	RE			<u> </u>		
DIRECTOR	Md . 10b. COUNT	Y			у, тоwn ог Balti	MORE						10d. INSIDE CITY LIMITS? 1XXYES 2 NO
FUNERAL	1305 West Cros	s St.				10f. ZIP	212	223			EN OF W	HAT COUNTRY?
I S	11. MARITAL STATUS 1 X Never Married 2 Married	FORCES? 1	T EVER IN U.S. AF	RMED NO	13. W	AS DECENDE	NT OF H	ISPANIC ORI	GIN? (Specify Yes	or No-	14. RACE Black	- American Indian, , White, etc.
B⊀	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			YES 2			, , , , ,		Specif	white
윤	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of v	USUAL OCI	CUPATION uring most of v	vorkina		16b. KIND OF BU	SINESS/INDL	STRY	WIIIOC
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	r) illo	. Do NOT us	e retired.)							
ME	17. FATHER'S NAME (First, Middle, Last)		Ur	nempl	oyea							
	Gary Lee Helmic	k							st, Middle, Maiden Slehan	Surname)		
BE (19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS				umber, City or Tow	n. State. Zip i	Code)	
2	Louise H. Helmi	.ck							to., Mo			
	29a. METHOD OF DISPOSITION	oval from State	20b. PLACE	AND DATE (OF DISPOSIT	ION (Name of		0	ATE 20c. LO	CATION - C	ity or Tov	
11.0	Denation 5 Other/Specify)		Glen	laven	Memo	rial	Park	8/	13 Broo	klyn.	Mai	rvland
	21. SIGNATURE OF PUBERIAL SERVICE LIC	ENIEE	1		22. N.	AME ANO AD	DRESS C	OF FACILITY	uneral			
_	- Vary	d. 10	melone	un	569	05 Mai	n St	., El	.kridge,	Md.	212	227
	23. PART I. Enter the diseases, or a shock, or heart failure.	Dmplicetions the List only one ceu	t caused the de ise on eech line	eeth. Do r	ot enter t	he mode p	dylng,	auch sa c	erdlec or respi	ratory erre	at,	Approximete interval Between
	iMMEDIATE CAUSE (Finsi diseese or condition	Cli	NSHOT	1.10	7/1/) R+	51.	710				Onset and Desth
	resulting in death)	-	(OR AS A CONSE				+++	DAY				
z					,							j
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	7:							
2	CAUSE (Disease or Injury	C										
	that initiated events resulting in death) LAST	OUE 10	(OR AS A CONSE	OUENCE OF	·):							
CEI		d										1
λ	PART ii. Other significent condition	s contributing to	death but not r	resulting (n the und	erlying ceu	se give	n in Part i.	24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL									1 VES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
									/ .			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLACE 6	OF DEATH	H (Check only	r opel			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:							
}	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM		8c. INJURY	_		DESCRIBE HOW I	NJURY OCCU	IRED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	8/4/9			55P	WORK?	2 XN	S	UBJECI	WAS	SH	ОТ
60	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, farm, s	treet, factor	y, office		261. L	OCATION (Street a	and Number o	r Rural Ro	oute Number,
	7 %		PARK							MES		EET
COMPLET	(Check only											and manner as stated.
BE C	296 SENATURE AND TITLE OF CENTIFIES	00.	7			29c.	LICENSE	NUMBER				(Month, Day, Year) /1993
10	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CHIE	DE DEATH (ITE	H 27) /3	Print			M.E.		▶ 08	/ 09	17332
	MARIO F GOL	与于日	111	Peni	n St	reet,	Ва	altim	ore, M	Maryl	and	21201

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CERTIFIC	ATE OF DEATH	REG. NO.							
		*****		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH						
	Dorothy Celeste 4. SOCIAL SECURITY NUMBER 5. SEX 6.	HAASE AGE (In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	August 8, 19							
	212 22 3470 1 M 2X F	96 YRS. MG	NTHS DAYS HOURS MIN.	(Month, Day, Year) 9-2-1896	B. BIRTHPLACE (State or Foreign Country) Maryland						
œ	9e. FACILITY NAME (If not institution, give street end number)		CITY, TOWN OR LOCATION OF		INTY OF DEATH						
DIRECTOR	Franklin Square Med Ce		Rosedale/	Essex Balt	imore County						
DIRE	Maryland Baltimore C		10d. INSIDE CITY LIMITS? 1 YES 2 NO								
AL	10e. STREET AND NUMBER	10f. ZIP CODE									
FUNERAL	8234 Northview Road		21222		USA						
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1 FYES, GIVE WAR O	YES 2 NO	13. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic 1 YES 2 NO Special		14. RACE — American Indien, Black, White, etc. Specify: White						
	1s. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S US	JAL OCCUPATION done during most of working	16b. KIND OF BUSINESS/IN							
PLET	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	al/Sales	Departme	ent Stores						
COMPL	17. FATHER'S NAME (First, Middle, Last)			IAME (First, Middle, Meiden Surname)							
BEC	William Herbert Gorsuc	h	Edna	Anna Walwort	h						
9	190. INFORMANT'S NAME (Type/Print)			I Route Number, City or Town, State, Zi							
	Dorothy Linthicum 8234 Northview Rd. Dundalk, MD 2122										
	20e. METHOD OF DISPOSITION 1 Gurial 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State										
	2 SIGNATURE OF FUNERAL SERVICE LICENSEER Chald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board										
	Anne Millian	waue, DIF		moreSt, Balto							
CERTIFICATION	disease or condition resulting in death) a. Rena.1 Failure DUE TO (OR AS A CONSEQUENCE OF): Urosepsis DUE TO (OR AS A CONSEQUENCE OF): Live to (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury C. C. C. C. C. C. C. C. C. C. C. C. C. C										
ZHI L	CAUSE (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):										
1	PART II. Other aignificent conditions contributing to dea			Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO						
MEDIC	Status Post Cerebrovasc			1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?						
Me	Occipital Lobe, 6/ Placement secondary to		Post Gastric		1 TYES 2 NO						
A	25. WAS CASE REFERRED TO MEDICAL	Dysphagia,	28. PLACE OF DEATH (C								
SIC	EXAMINER? HOSPITAL:		THER: Nursing Home 5 Residence	A - 22 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -							
BY PHYSICIAN:	27. MANNER OF DEATH 1 Naturel 5 Pending 28e. DATE OF INJU (Month, Day, Ye	URY 28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW INJURY OC	CCURED						
	3 Suicide 28e. PLACE OF IN.	JURY — At home, ferm, stre (Specify)	et, factory, office	281. LOCATION (Street and Number City or Town, State)	or or Rural Route Number,						
0	City or Town State)										
COMPLETED		nation end/or investigation, i									
BE COMPLET	29b. SIGNATURE AND TITLE OF CERTIFIER	10	29c. LICENSE N		TE SIGNED (Month, Day, Year)						
COMPLEI	one) 2 MEDICAL EXAMINER: On the besie of examile	F DEATH (ITEM 27) (Type, Pri	29c. LICENSE NI	'A ▶							

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT, If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

_	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND I		TYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	CLARA JE	NEMIAH	HAROL	D	2. DATE OF MONTH	DEATH 8-8-	93	3. TIME OF DEATH 3.30P M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		8. BIRTI	IPLACE (State or Foreign
	241 20 7785	1 M 2 PF 7		ONTHS DAYS	HOURS MIN.	(Month, Di		Count	Carolina
	9e. FACILITY NAME (If not institution, give stre	eet and number)		b. CITY, TOWN O	R LOCATION OF DE			UNTY OF D	
DIRECTOR	University Hos	spital		Balt	timore				na
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY 1	OWN OR LOCAT	ION				10.1 110.100 0.000
HO	Pennsylvania			yettev	1731				10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER		1 ru		ZIP CODE		100 CI	TIZEN OF V	1 YES 2 NO
FUNERAL	PO Box 121					222	log. G	USA	
2		12. WAS DECEDENT EVER IN		13. WAS DECI	ENDENT OF HISPAN		pecify Yea or No —		E — American Indian.
	1 Never Married 2 Married	FORCES? 1 YES		If yes, spe	cify Cuban, Maxica 2 NO Specify	n, Puarto Rica	n, etc.)	Black	k, White, atc.
) BY	3 Widowed 4 Divorced							0,540	White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S US (Give kind of work	done during mos	N it of working		ID OF BUSINESS/IN	DUSTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)		Sa	les		
N N	17. FATHER'S NAME (First, Middle, Last)	2							
	Harry M. Puller	n				ME (First, Midd	le, Maiden Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	111	19b. MAILING AD	DRESS /Street or			City or Town, State, Z	in Contai	
2	J.Y. BEAM		PO Box		Smith			ip cooe)	
	20a. METHOD OF DISPOSITION	20b.1	PLACE AND DATE OF I			DATE	20c. LOCATION -	City or To	mern. State
	1 Burial 2 Cremation 3 Remov		tery, cremetory or other					0.1, 0. 10	The state of the s
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Ronald W	ade. Di	22. NAME AN	D ADDRESS OF FA	CILITY S	tate An	ator	ny Board
	>								, MD21201
	23. PART J. Enter the diseases, Dr co	emplications that caused	the death. Do not						
	snock, or haart failure. Li	lat only one cause on ea	ch line.		or dying, add	ii wa cardiac	or respiratory at	1000,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	Tons	a Ca	ncor	1000	V 0	0		Onset and Death
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF):		, Terv				2 415
z	and the second s								
E	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):						
2	CAUSE (Disease or Injury								
E	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	d.								
AL (PART II. Other significant conditions	contributing to death bu	t not resulting in t	he underlying	causa given in	Part I. 24	. WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
						1.0	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC									OF DEATH?
ž									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				NCE OF OEATH (Che	ock only one)			
/SIC		HOSPITAL:		THER: Nursing Home	5 Residence	8 Other (Sp	ecify)		
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	IRY AT	28d. DEŞCRI	BE HOW INJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO				
	3 Suicide S Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specif	– At home, farm, stree y)	et, factory, office		281. LOCATIO City or To	N (Street end Numbe wn, State)	r or Rural R	loute Number,
E									
P		AN: To the best of my knowle							
COMPLETED	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation, i	n my opinion, de	ath occured at the	time, date end	place, end due to t	he cause(a) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	10.	1 1/2		29c. LICENSE NUM	BER	29d. DA	E SIGNED	(Month, Day, Year)
2		Alm	US,N	40				8/	8/93
1-1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	PHILLIPS						
1 1	31. DATE FILED (MOOTH, Day, Year)	32 REGISTRAR'S SIGNAT			-				
1 1									

		n 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transmission removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmission of the prior to burial. Cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First)	, Middle, Last)	VF.	4411	Намі	BURG	₹R			2. DATE OF DE	EATH 1993	YEAR	3. TIME OF DEATH 6:45 A
	4. SOCIAL SECURITY NUME 216-01-6949	ER	5. SEX	6. AGE (In yrs. less 94		IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, War) MAR . 19, 1899 MARYL.			HPLACE (State or Foreign
OR	9a. FACILITY NAME (If not in RANDOL PH H	ILL NU	treet and number)	ME	1710.		96. CITY, TOWN OR LOCATION OF DEATH WHEATON 96. COUNTY OF DEATH MONTGOMERY						
DIRECTOR	MARYLAND MONTGOMERY					y, town o LVER					10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 414 LAMBERTON DR.						101	2.09	52–1	624	10g.	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			YES 2 K	MED		If yes, sp		n, Mexica	IIC ORIGIN? (Spi n, Puerto Rican,			E — American Indian, ck, White, etc.
COMPLETED	(Specify only highest grade completed)			(Gi	ve kind of	usual o work done se retired.)	during mo	st of working	-		OF BUSINESS	SCHOOL LYCHOL	EDUCATION
	17. FATHER'S NAME (First, M SOLOMON	liddle, Last)	HAMBURGE	R				18. MOT	MARH	AE (First, Middle,	Meiden Surse	ÈGEL	W 44 To 18
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS. JOAN KALIN					LAMB				Route Number, Cit			20802-1624
	26a. METNOD OF DISPOSIT		oval troor Mile	20b. PLACE A		OF DISPOS			8/10		BALTIM		
	21. SIGNATURE OF FUNCTA	L SERVICE LA	Ser		.)					& BROS			4D 21215
	IMMEDIATE CAUSE (Fit disease or condition resulting in death)	gart fallure.	Bone.	it caused the deuse on each line	ow	1		de of dy		h ee cardiac o	or respiratory	arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry	c	(OR AS A CONSEC				i.	į				U
MEDICAL	PART II. Other signification	deme	- 1	deeth but not r	resulting	In the ur	nderlyln	g cause	given in		WAS AN AUTOP PERFORMED? YES 2 NO		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF D	EATN (Ch	eck only one)			
YSIC	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 K Nui		10 5 □ R	sidence	8 Other (Spe	cffy)		
ву Рн	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28e. DATE Of (Month, I		28b. TIN	ME OF JURY M	WC	URY AT ORK? YES 2 [] NO	28d. DESCRIBI	E HOW INJURY	OCCURED	
0	a Deviates —	Could not be determined	28e. PLACE 6 building	OF INJURY — AI ho , etc. (Specify)	me, farm,	street, fac	tory, offic	•		281. LOCATION City or Tow	(Street and Nur rn, State)	nber or Rura	Route Number,
COMPLETE	tonoon only		ICIAN: To the best of the case										(a) and manner as stated.
BE	296. SIGNATURE AND TITLE	MI		ma				0	ENSE NUI	32	•	8/0	D (Month, Day, Year)
10	30. NAME AND ADDRESS O	F PERSON WH	NEWEK	SE OF DEATH (ITE	M 27) (7/200	ORRI	160	TA	VE	KEN	151NG7	Mo	MD 20895
10	31. DATE FILED (Month, Day,	16ar)	12. REGISTR	AR'S SIGNATURE	1.00								

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYG		23244
	1. DECEDENT'S NAME (First, Middle, List)	JAMES			2. DATE OF DEAT	тн	ZEAR 3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	1 2 1 5 3	YRS. S UNGE	T TEAR OF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTI	50	BIRTHPLACE (State or Foreign County)
OR	Liberty Yr	red. Center	0 B. CIT	Allinere			Y OF OEATH
DIRECTOR	10a. STATE 10b. COUNTY		toe. CITY, TOWN	OR LOCATION	, (10d. INSIDE CITY
FUNERAL D	3923 Ulma	n Are	10/1	10f. ZUP CODE	5	10g. CITIZE	1 FES 2 □ NO N OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Mairried	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPA 11 yes, specify Cuban, Mexic 1 YES 2 D-NO Spec	en, Puarto Rican, etc	y Yea or No— 14	I. RACE — American Indian, Black, White, etc.
red BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	CATION 18e. O	ECEDENT'S USUAL O			F BUSINESS/INOUS	B/ACK
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	CUCK,	Deiver			
BE CO	17. FATHER'S NAME (First, Middle, Last)	CRAnkliN)	Ames	1-01	AME (First, Middle, Mi	hnson	v
2	MIS, HATRICIA	Ames !	95. MAILING ADDRES	man AU	Poute Number, City of	Town, State, To Co	nd, 21215
	20s. METHOD OF DISPOSITION 1 Friends 2 Commatten 2 Remo	ovel from State	AND DATE OF DISPOS	n Cem	8/12 1	BAILS	Cg. Jod.
	21. SIGNATURE OF FUNERAL SERVICE LIC	L. Russ	2	1222 W. A	Costh A	we BA	160000 10000 1016
	23. FAT I. Enter the diseasea, or c shock, or heart failure. I	complications that caused the di List only one cause on each line	eath. Do not anta	tha moda of dying, su	ch as cardiac or r	eapiratory arres	t, Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	AiDS	*				Onset and Death
NO	Sequentially list conditions,	OUE TO (OR AS A CONSE DUE TO (OR AS A CONSE	sitis.				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE					
CERT	resulting in death) LAST	i					
DICAL	PART II. Other significant conditions	s contributing to death but not	resulting in the vi	nderlying cause given in	PEI	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC					_ _		1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	28. PLACE OF DEATH (C	heck only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient :	28b. TIME OF	sing Home 5 - Residence 28c, INJURY AT		OW INJURY OCCUP	IFO
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO			
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stree1, fac	tory, office	28t. LOCATION (St. City or Town, S	reet and Number or Itate)	Rural Route Number,
MPLE	29a. CERTIFIER (Check only one)	CIAN: To the best of my knowledge, do	eath occurred at the t	ime, date and place, end du	to the cause(e) and	menner as stated.	207 - 207 1111 - 20 2011
	296 BIGHATURE AND THE OF CERTIFIER	it: On the tiests of examination end/or	investigation, in my (29c. LICENSE NU			ause(a) and manner as stated. IQNED (Month, Day, Year)
TO BE	30 NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) /Time Print			18	8/93.
	LLERAS A SAME	vels Librata	ntdie	ent CENTR	· Dalti	mily.	
4	31. DATE FILEO (MONTH, Day, Year)	32. REGISTRAR'S SIGNATURE	- Mandalli				

The sales of

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, La								
		JORDAN.		a May	Jordan	2. DATE O		YEAR	ME OF DEAT
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtho			7. DATE O		6. BIRTHPLAC	
	216-09-1524	1 M 2 FF	84 YR	3. MONTHS C	DAYS HOURS MIN.		5/1908	Mary1	and
~	9e. FACILITY NAME (If not institution, gi				OWN OR LOCATION OF D			TY OF DEATH	
CTOR	The Greater Balt	timore Med	<u>ical Center</u>		Towson		Ba	ltimor	re
DIREC	10e. STATE 10b. COL		10c.	CITY, TOWN OR	LOCATION			10d.	INSIDE CITY
	Maryland			Balt	timore			1 X	YES 2
ERAL	10e. STREET AND NUMBER				101. ZIP CODE			EN OF WHAT	
NE NE	1626 Ramblewoo		IT EVER IN U.S. ARMED		2123			ted St	
BY FUN	1 N Never Married 2 Married 3 Widowed 4 Divorced		YES 2 XNO	lf y	S DECENDENT OF HISPA es, specify Cuban, Maxico YES 2 NO Specific	an, Puerto Ri	(Specify Yea or No— cen, atc.)	14. RACE A Black, Whi Specify:	werken Indi
LED	15. DECEDENT'S (Specify only highest g		18a. DECEDEN (Give kind	T'S USUAL OCCI	UPATION ing most of working	16b.	KIND OF BUSINESS/INDU	USTRY	
LETI	Elementary/Secondary (0-12)	College (1-4 or 5	+) We. Do NO	T use retired.)			Clothing	111-	
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Mac	hine Op		Andr dries as	iddle, Maiden Surname)		
	Albert P.						Gracey		
BE (19a. INFORMANT'S NAME (Type/Print)	001 4411	19b. MAIL	ING ADDRESS (S	Street and Number or Rural			Code)	
9	Mr. Hugh Gour	lay, Esq.	4	212 Dar	rleigh Road	d Bal	timore, Mo	1. 212	236
	20s. METHOD OF DISPOSITION 1 X Burist 2 Cremation 3 F	Removel from State	20b. PLACE AND DA		ON (Name of	DATE	20c. LOCATION C	Sty or Town, S	itata
	4 Donation 5 Other (Specify)		- Loudon	Park Ce	metery 8	/11/9	3 Baltim	ore, M	laryla
	21. SIGNATURE OF FUNERAL SERVICE	Man	rk T. Zavoj	na 22. NA	eonard J. F	PLICK	Inc		
	Mailer	· Saughu			305 Harford			212	214
N	resulting in death)	OUE TO	OR AS A CONSEQUENC	1	0-211				
TIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	· Sept	(OR AS A CONSEQUENC	0	ne				
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Solicito	OR AS A CONSEQUENC	E OF):					
MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. Solicito	OR AS A CONSEQUENC	E OF):	orlying cause given in		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AVAIL COM OF D	E AUTOPSY F LABLE PRIOR PLETION OF 0 EATH? YES 2 []
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the conditions of the cond	e. OUETO d. Otterro	OR AS A CONSEQUENC	E OF):	orlying cause given in		PERFORMED? 1 YES 2 NO	AVAIL COM OF D	LABLE PRIOR PLETION OF (DEATH?
SICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant conditions to the condition of the conditions of the cause o	d. our To	OR AS A CONSEQUENC	E OF):		heck only one	PERFORMED? 1 YES 2 NO	AVAIL COM OF D	LABLE PRIOR PLETION OF (DEATH?
PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condi	d. HOSPITAL: 1 Inputient 2 28a. DATE OF (Month, D	(OR AS A CONSEQUENC deeth but not resulti	E OF): a OTHER: A OTHER: A OTHER: INJURY	26. PLACE OF DEATH (CI	heck only one	PERFORMED? 1 YES 2 NO	AWAR COMM OF D	LABLE PRIOR PLETION OF DEATH?
ED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the condition of the cause of the caus	tions contributing to L HOSPITAL: 1 Inpatient 2 28s. DATE Of (Month, Don Duilding	(OR AS A CONSEQUENC deeth but not resulti	OTHER: A 4 Nursin TIME OF INJURY M	26. PLACE OF DEATH (C) g Home 5 Residence 5c. INJURY AT WORK? 1 YES 2 NO	heck only one 6 Other 28d. DESC	PERFORMED? 1 YES 2 NO (Specify)	AWAR COMMON OF D	LABLE PRIOR PLETION OF OBEATH? YES 2
ED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the condition of the condition of the condition of the condition of the cause of the	d. tions contributing to HOSPITAL: 1 Inputert 2 28s. DATE OF (Month, D) 28s. PLACE O building, d	(OR AS A CONSEQUENC death but not resulti DER/Outpetlent 3 DO INJURY 28b. DF INJURY — Al home, far etc. (Specify) my knowledge, death oc	OTHER: A 4 Nursin TIME OF INJURY M m, street, factory	26. PLACE OF DEATH (C) g Home 5 Residence 5c. INJURY AT WORK? 1 YES 2 NO	6 Other 28d. DESC	PERFORMED? 1 YES 2 NO (Specify) CRIBE HOW INJURY OCC TION (Street and Number of Town, State)	URED URED	LABLE PRIOR PLETION OF FAITH YES 2
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the significant c	d. HOSPITAL: 1 Inpetient 2 26a. DATE OF (Month, D) on 26b. PLACE O building, d) NYSICIAN: To the best of elipiter of	COR AS A CONSEQUENC	OTHER: A 4 Nursin TIME OF NUTRY M m, street, factory	26. PLACE OF DEATH (CI g Home 5 Residence Sc. INJURY AT WORK? 1 YES 2 NO /, office	6 Other 28d. DESC 28f. LOCA City o	PERFORMED? 1 YES 2 NO (Specify) CRIBE HOW INJURY OCC TION (Street and Number or Yown, State) We(a) and manner as state and place, and due to the	URED URED	LABLE PRIOR PLETION OF PLETION OF PLETION OF PLETION OF PLETION OF PLETION OF PLETION OF PLETION OF PRIOR PR
COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant conditions are supported by the significant c	d. HOSPITAL: 1 Inpetient 2 26a. DATE OF (Month, D) on 26b. PLACE O building, d) NYSICIAN: To the best of elipiter of	COR AS A CONSEQUENC	OTHER: A 4 Nursin TIME OF NUTRY M m, street, factory	28. PLACE OF DEATH (C/r g Home 5 Residence sc. INJURY AT WORK? 1 YES 2 NO r, office s, date and place, and durinon, death occurred at the	6 Other 28d. DESC 28f. LOCA City o	PERFORMED? 1 YES 2 NO (Specify) CRIBE HOW INJURY OCC TION (Street and Number or Yown, State) We(a) and manner as state and place, and due to the	AWAR COMMING OF D 1 □ URED Or Rural Route I and, e cause(s) and	LABLE PRIOR PILETION OF PLETION OF PLETION OF PLETION OF PLETION OF PLETION OF PLETION OF PRIOR

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	or must be notified at once.	
urial, cremation, or removal.	ic event, the medical examin	
nd Memai Hyglene prior to bu	injury, or other traumati	
Dept. or Health a	n 23 shows any	

BALTIMORE, MARYLAND 21215,0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

an permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	ENT OF HE	ALTH AND ME	ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF DEATH
13		Irene Joop				July 25	1993 YEAR	11:04 PM m
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	"			. DATE OF BIRTH	6. BIRTI	IPLACE (State or Foreign
10	352 24 2389	1 □ M 2XXF 63	YRS. MON	THS DAYS H	OURS MIN.	(Month, Day, Year) Jan. 16 1	Count	Salle, Ill.
	9a. FACILITY NAME (If not institution, give s		9b.	CITY, TOWN OR	LOCATION OF DEAT		9c. COUNTY OF D	
OR	Bowie Health Ca	re Center	:	Bowie			Prince	George's
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y	I 10c CITY TO	WN OR LOCATION	v			
DIRECTOR	Maryland Prin	ce George's	1111	owie	•			10d. INSIDE CITY LIMITS?
7	10e. STREET AND NUMBER				IP CODE		10g. CITIZEN OF V	1½(3) XES 2 □ NO WHAT COUNTRY?
FUNERAL	12503 Caswell La	ne			20715			ed States
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	RMED		DENT OF HISPANIC	ORIGIN? (Specify Yes		E — American Indian, k, Whita, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2300 IF YES, GIVE WAR OR DATES		1 VES 2	ly Cuban, Maxican, I NO Specify:		Speci	ffv:
	15. DECEDENT'S EDU	0471011	No			No		White
	(Specify only highest grade	completed)	ECEDENT'S USU. Give kind of work of le. Do NOT use reti	done durina most a	of working	16b. KIND OF BUS	INESS/INDUSTRY	
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	re-Schoo		hor	Privat	e School	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		o ocho			(First, Middle, Meiden		
ш	James Kane, Sr	•				zabeth Be		
TO B	19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILINO ADD	RESS (Street and	Number or Rural Rou	ite Number, City or Town	, State, Zip Code)	
۲	Paul James Joop		1730	Foxdale	e Court	Crofton 1	Maryland	21114
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Ram		AND DATE OF DIS	SPOSITION (Name			CATION - City or To	wn, Stata
	4 Donation 8 Other (Specify)	Mary	land Ve	eterans	Cemetery	7 (Cheltenha	am. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC		D		ADDRESS OF FACILI	лу ineral Hor	no D A	
	Kobert C	. Ovans,	Mes.	16000	Appapoli	ic Rd Bor	rio Md S	20715
	23. PART i. Enter the diseases, or a shock, or heart fallure.	complications that caused the d List only one cause on each lin	eath. Do not a	ntar tha moda	of dying, auch a	s cardiac or reapir	atory arreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	0 1 1	1		Λ	1		Onset and Death
	disease or condition reaulting in death)	· andio		nary	HO	LOBA -		
		DUE TO (OR AS A CONTU	HOUENCE OF):	1				
CERTIFICATION	Sequantially list conditions,	b. DUE TO (OR AS A CONSI	EQUENCE OF:	U				
A	if any, leading to immediate cause. Enter UNDERLYING		,					į
Ë	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	EOUENCE OF):					
E	resulting in death) LAST	d,						
AL CI	PART II. Other significant condition	s contributing to Weath but not	resulting in th	e underlying c	ausa olven in Pe	rt i. 24s. WAS AN	MITOPSY Toub	. WERE AUTOPSY FINDINGS
S	Ajabet.			c underlying c	adad given iii ra	PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
8	(2000)		\	di Ma	1 20	_ 1 _ YES 2	DUNO	OF DEATH?
≥ ;	- 00/10	The state of the s	1			-	'	1 TES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL			26. PLAC	E DF DEATH (Check	only one)		
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outpetiant		HER: Nursing Nome	5 Residence 8 [Other (Specify)		
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	286. TIME DF	28c. INJURY WORK	Y AT 28	8d. DEŞCRIBE HOW IN	JURY OCCURED	-
B	1 Netural 5 Pending 2 Accident Investigation			M 1 TYES	2 🗌 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY At h building, atc. (Specify)	ome, farm, street	, factory, office	20	61. LOCATION (Street at City or Town, State)	nd Number or Rural F	Route Number,
E								
COMPLETED		CIAN: To the best of my knowledge, d						
8	2 MEDICAL EXAMINE	R: On the basis of examination and/or	Investigation, in	my opinion, deat	h occured at the tim	e, deta and placa, and	due to the cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	2/200		25	C. LICENSE NUMBE	R P	29d. DATE SIGNED	
5	30 NAME AND ADDRESS OF THE	2011101	-1		77-94	044.	• Id	4 93
	30. NAME AND ADDRESS OF PERSON WH	COMPRETED CAUSE OF DEATH IT	EM 27) (Type, Print	# 103	Rani	Ne On	J SAE	716
	31. DATE FILED (Month, Clay, Year)	32. REGISTRAR'S SIGNATURE	wall	۷ اه	, Opr	N-M 10	10 UO 1	
	AUG 1 0 '93	32. REGISTRAR'S SIGNATURE	1					ì
		American of						

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BALTIMORE, MARYLAND 21215-0020	hin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	tely filled in by the funeral director, page 5 should be detached for use as the burial-trans mation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLANI	D / DEPART	MENT OF I	EALTH AND	MENTA	L HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Last) ALLA	N VIC	TOR				2. DATE	OF DEATH) AV 3	YEAR 93	3. TIME OF DE 11; 25	ATH A. M
	4. SOCIAL SECURITY NUMBER 229-56-1458 90. FACILITY NAME (If not institution, give str	1 🖳 M 2 🗆 F	AGE (In yra	O YRS.	F UNDER 1 YEAR ONTHS DAYS 9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. DR LOCATION OF D	12	2-16-42	9c. COUN	8. BIRTH Country	ermud	
DIRECTOR	SHADY GROVE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	= ADVENTIS	J HO		Gaithe TOWH OR LOCA	ersburg					10d. INSIDE CI	ry
	MD 104. STREET AND NUMBER			Wh	eaton	. ZIP CODE			10g, CITIZ	EN OF W	LIMITS? 1 YES 2 [
FUNERAL	3108 Henderson	Ave.	ER IN U.S	ARMED	13 WAS DEC	20902 ENDENT OF HISPA	NIC ORIGI	N2 (Specific Vi	-USA	- F	Recmuda	
B⊀	1 Never Merried 2 Merried 3 Wildowed 4 X Divorced	FORCES? 1 []	YES 2	∑ NO	If yes, sp	ecify Cuben, Mexic 2 NO Speci	an, Puerto	Rican, etc.)	0 10-	Black	, White, etc.	111
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+) 4 Years		(Give kind of wo	SUAL OCCUPATION of done during more retired.)	on st of working ice sal		b. KINO OF BU	JSINESS/INDU	JSTRY		
CO	17. FATHER'S NAME (First, Middle, Last) Earlington V. J	ones				ia MOTHER'S NA					-	
TO BE	19a, INFORMANT'S NAME (Type/Print) Peggy Jones	ones				and Number or Rural	Route Num	ober, City or Tox	vn, State, Zip		2090	<u>'</u> 2
	20g, METHOD OF DISPOSITION 1 (A Burial 2 Cremation 3 Remort	val from State	20b. PLA	CE AND DATE OF	DISPOSITION (NO	rme of	DA1	E 20c. LC	OCATION — C	alty or To		
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEE D.	B	roun	22. NAME A	on H. B W. Bal		n Jr.	P.A.	223	3	
CERTIFICATION	23. PART I. Entar the diseasea, or conshock, or heert failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CON	ISEQUENCE OF:	egan	de of dying, suc	CA	S	elratory arra	est,		Hate Between and Death
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions	contributing to dea	th but n	ot reaulting in	the undarlyin	g cause given in	Part I.	24a. WAS AI PERFO 1 YES	RMEO?		WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE
SICIAN		HOSPITAL:	/Outpetlen		OTHER:	ACE OF OEATH (C/						
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28e. OATE OF INJ (Month, Day, Y	URY	28b. TIME	OF 28c. INJ	URY AT	1	SCRIBE HOW	INJURY OCC	UREO		
ED BY	2 Accident Investigation 3 Suicide a Could not be datermined	28e. PLACE OF IN- building, etc.	JURY — A (Specify)	t home, term, str		/ES 2 NO		ATION (Street or Town, State		or Rural A	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI	IAN: To the beat of my									and manner as	stated
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	/				29c. LICENSE NU					(Month Day, Yea	
10 B	30 NAME AND ADDRESS OF PERSON WHO	COMBI ETED CAUSE :	C De terri	TPH CD C		D206	74		▶ 8	/3	193	
	Tephen Hell	MAN 6	24C	Plane	Trose	Rd	K	ockva	16	all	208	2
3	31. DAJÉ FILED (Month, Day, Year) AUG 1 1 1993	JUNEOUSTRUP'S	SIGNATUR	andelle		-	-4		-,			

ath. Page 6 may be retained by the hospital or attending physici	
ours after deal	In the Act
24 hc	CHA.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	DIDECTION After this confidence has been alreading abundance alled in the the death of the second of
	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	NENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH
	Lloyd 5	ones				MONTH 8 DAY	7 43	6:14 PM M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BIR	TNPLACE (State or Foreign
	219-10-1571	1 💢 M 2 🗆 F 69		NTHS DAYS	HOURS MIN.	3/3/24	bAL	TIMORE, MD.
~	9a. FACILITY NAME (If not institution, give st	reet and number)	96		R LOCATION OF D		c. COUNTY OF	DEATH
DIRECTOR	Mercy Medi	cal Center	16	altimo	re, Mus	Elund	USA	-
EC	10e. STATE 10b. COUNTY		10c. CITY TO	OWN OR LOCAT	ION			10d, INSIDE CITY
OIR	, MD.				E CITY			LIMITS?
Ę	10e. STREET AND NUMBER				ZIP CODE		IO. CITIZEN OF	1 X YES 2 NO
ER/	HARBOR INN NURSI	INC HOME					US	
FUNERAL	11. MARITAL STATUS	12. WAS OECEDENT EVER IN U.	S. ARMED	13. WAS DEC	ENGENT OF HISPA	NIC ORIGIN? (Specify Yea or		CE — American Indian,
	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, spe		in, Puerto Rican, etc.)	Bio	ack, White, etc.
ВУ	3 Widowed 4 Divorced	4		1 123	Z X NO Specif	y.		ACK
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade	CATION 16 completed)	Give kind of work	JAL OCCUPATIO	IN st of wadday	16b. KIND OF BUSIN	ESS/INDUSTRY	
iii	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	n or working			
Σ			LUNCH	ROOM WO	RKER			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden Sur	mame)	
B	JOHN JONES				MARY	JONES		
10	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town, S		
		ONES	2533 SE	AMON A	VENUE, B	ALTIMORE, M	D. 2122	25
	20a. METNOD OF DISPOSITION 1 Secret 2 Cremetion 3 Remo		ACE AND DATE OF O		me of	DATE 20c. LOCAT	TION — City or	Town, Stata
V 1	4 Donation 5 Other (Specify)	GAR	RISON FO	REST C			GS MILI	S. MD.
	21. SIGNATURE OF FUNDRAL BEHVICE LIC	ENGEE	_		D ADDRESS OF FA			
	Men	Mi		JOSEP	H.H. BRO	WN_JR. FUNE	RAL, HOI	P.O. BOX 4433
	23. PART LEnter the diseases, or o	omplications that caused the	na death. Do not	enter tha mo	de of dying, suc	h as cardisc or respirat	ory arrest.	Approximate
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on each	ilna.			•		Interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A CO	ONSEQUENCE OF):					of days
z				how	rocardo	0/1/93	.	Solues
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A CO	INSEQUENCE OF):	1 storuse 1	CXCIC	34 0 1011 3)	- Cay)
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	Sepsis (10	nelition c	ou ad	MSSION	8/1/93)		Le Lays
E	that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):					
H	resulting in death) LAST	I						
	PART II. Other significant condition	contributing to death but	not resulting in th	ne underlying	Cause alven in	Part i. 24a. WAS AN AU	many I a	Ib. WERE AUTOPSY FINDINGS
CAL	Multi- I	DO + D	wented	io ditaeriying	Cause given in	PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		- Marie De	wented			1 TYES 2	NO	OF DEATN?
Σ								1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			** **	100 00 000			
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Ch			
148	1 VES 2 THO 27. MANNER OF DEATH	1 topatient 2 ER/Outpatie				6 Other (Specify)		
	1° Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b, TIME OF INJURY	WO	RK?	28d. DEŞCRIBE NOW INJU	IRY OCCURED	
B	2 Accident Investigation	20. BLACE OF BUILDIN			ES 2 NO			
8	3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	t, factory, offica		28t. LOCATION (Street and City or Town, State)	Number or Rura	l Route Number,
H.								
MP	29a. CERTIFIER (Check only one)	CIAN: To the best of my knowledg	ge, death occurred at	the time, date	and place, and due	to the cause(s) and menner	ea stated.	
COMPLETED	2 MEDICAL EXAMINES	R: On the basis of examination an	nd/or investigation, in	my opinion, de	eath occured at the	time, date and place, and d	ua to the cause	(a) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CENTIFIER	1			29c. LICENSE NUI	IBER 29	d. DATE SIGNE	D (Month, Day, Year)
TO B	Churches XX	Kil	II. MA		UdM Som	pers Resident 1	8/7/	193
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	t)		A		
		mone, III, MI	225.	Grea	ne St	Baltanove. 1	MD 2	1201
6	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU		_1/				
~	AUG 1 1 1993	Julie Devidson B	HOLE					



(2	1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transformed in the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	, the medical examinar must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT	OF HEA	ALTH AND I	MENTAL HYGIE		23249
	1. DECEDENT'S NAME (First, Middle, Lest) HERBERT	s:	KING				2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
8	4. SOCIAL SECURITY NUMBER 217- 18- 0582	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1		F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-3-24	8.	BIRTHPLACE (State or Foreign Country) ATONSVILL
OR	8 PACILITY NAME (It not institution, give str BYETERANS HOSPI	reet and number)				ORE, N		9c. COUNTY	
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY
L DIRECTOR	MD. BALT	IMORE		CATON	ISVI	LLE			1 X YES 2 NO
ERA	210 MARCH AVE				101. ZH	2122	2.8		S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES	2 NO	Hr.)	yes, specif	DENT OF HISPAI	NC ORIGIN? (Specify)		RACE — American Indian, Black, Whits, etc. Specify:
ED B	15. DECEDENT'S EDUC	ATION	Les DECEDENTIO						BLACK
ETE	(Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us	work done du se retired.)	JUPATION iring most o	f working	1.00	USINESS/INDUS	TRY
COMPLET	10 YRS.		SELF-	-EMPT	OYE	D	E	VTREP.	
00	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maide	n Sumame)	
BE	HERBERT S. KIN	G, SR.					RGARET S'		
유	19a. INFORMANT'S NAME (Type/Print) MARVA M. KING						Route Number, City or To		·
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSIT			ONSVILL	OCATION - City	
ш	1 Buriel 2 Cremation 3 Remo		BARRISON	ther place) J FOR	REST	VET.8			MILLS.MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE					RAL HOM		ALT. MD.
	Comed &.	Emy. W	1	25	01 (GWYNNS	FALLS PI	KWAY 2	1216
	23. PART 1. Enter the diseeses, or co shock, or heert fallure. L	ist only one cause on	d the death. Do a	not enter th	he mode	of dying, suc	h ss cardiac or res	piratory srrest	Approximate interval Between
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	Heado	nd nec	kc	CIM	cer-	endst	ale	Onset and Death
NO	Sequentially list conditions,		A CONSEQUÊNCE D					0	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		A CONSEQUENCE O						
F	that initiated events resulting in death) LAST	DOE TO (ON AS	A CONSEQUENCE O	r):					
	PART II. Other significant conditions	contributing to doubt		le de d					
NCAL	And it. Other significant conditions	contributing to deeth i	out not resulting	in the und	erlying co	euse given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC									OF DEATH?
Ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:		E OF OEATH (Ch			
HYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Out 28a, DATE OF INJURY	28b. TIM	E OF 2	ng Home !		6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJ	M	WORKT	2 NO			-
COMPLETED B	3 Suitcide 6 Could not be determined	25e. PLACE OF INJUR' building, atc. (Spe	Y — At home, farm, icify)	street, factor	ry, office		28f. LOCATION (Stree City or Town, Stat	t and Number or (Rural Route Number,
PLE		IAN: To the best of my know	vledge, death occurr	ed at the time	ne, date sno	d place, and due	to the cause(s) and m	enner as stated.	
SON	one) 2 MEDICAL EXAMINER	t: On the basis of examination	on and/or investigation	on, in my opi	inion, death	n occured at the	time, dats and place,	and due to the c	suse(s) and menner as stated.
BE C	296. SIGNATURE AND TIME OF CENTURER	7	70-		29	c. LICENSE NUI	ABER	29d. DATE S	GNED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLED		Ortest				08	109/93
12	16509 SIOUX	LAWE,		ers.	BIN	26.	MD 20	878	• /
+	31. DATE FILED (Mornth, Pay, Year) AUG 1 1 1993	32. REGISTRAR'S SIGN	ATURE Rande			, ,			1

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be retained by the hospital or attending physician.	ige 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

18760, BALTIMORE, MARYLAND 21215-0020	cuted within cours after death. Page 6 may be retained by the hospital or attending physicia	d completely filled in by the funeral director, page 5 should be detached for use as the burial-trunial, cremation, or removal.	It event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEI CERT		MENT OF HE				GIENE G. NO.	93	2325
1. DECEDENT'S NAME (First, Middle, Last)		William	R.	Kren	tz,	Sr.	2. DATE OF DE	DAY 8	1993	3. TIME OF DEA
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birth	day) II	UNDER 1 YEAR	JE UNDER	24 HRS.	7 DATE OF BU	RTH	a BURT	HPI ACE (State or 5

	1. DECEDENT'S NAME (First, Middle, Last	wi	lliam R		Krei	rtz, Sr.	2. DATE OF DEATH MONTH	BAY 199	YEAR 3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 172⇔18⇔3697	5. SEX 6. AGI	72 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		S. BIRTH	PLACE (State or Foreign "NSYLVANIA"
OR	Francis Scott K RESIDENCE OF DECEDENT		enter			imore Ci		9c. COUN	ITY OF DE	
DIRECTOR	100. STATE 10b. COUN	Baltimor		TY, TOWN O	R LOCA	TION DUNG	dalk			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
A	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZ	ZEN OF W	HAT COUNTRY?
EB	8217 Bear Creek	Drive				21	1222		Uni	ted States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 1 YE IF YES, GIVE WAR OR NAVU WW TT		1	yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specifi	NIC ORIGIN? (Specify in, Puerto Ricen, atc.)	Yea or No	14. RACE Black Specif	- American Indian, White, atc.
	15. DECEDENT'S EC		16e. DECEDENT	S USUAL OC	CUPATH	ON	16b, KIND OF E	I ISINESS/IND	HSTRY	WILDER
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)		(Give kind of life. Do NOT	work done o	luring mo	st of working	TOD. KIND OF E	JOSINESS/IND	oaini	
2	11th Grade	Conege (1-4 or 5+)	Crane	MiPP	un i	ht	Roth	Pohom	Stoo	l Corp.
S	17. FATHER'S NAME (First, Middle, Last)		Crearie	Ivacci	VILL		ME (First, Middle, Meid		Sile	c conp.
O	William C. Kren	17					Kiefer			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street a		Route Number, City or 1	own, State. Zio	Codel	
٩	Mrs. Patricia W	laltons								nd 21222
	20a, METHOD OF DISPOSITION	2	02 J				DATE 20c.			
	1/D/Buriet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	emetary, crematory of Sacred H	t Of	Jesu	us Cem. 8	/12/93 Be	altimo	re.	Maryland
4	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE		D 22.1	uda.	Ruck Ful	neral Hom	e 06 D	unda	lk, Inc.
	23. PART I. Enter the diseases, or	1 000					enue Dun			21222
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Hyne	A CONSEQUENCE	op:			facta	n		
	PART ii. Other significent condition	ona contributing to death	but not resulting	in the un	darivin	g cause given in	Part i. 24a, WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
: MEDICAL	Carotid au	gery ste	40525				PERF 1 TYES	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL									
<u> </u>	EXAMINER?	HOSPITAL:		OTHER	1:	LACE OF DEATH (C)				
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/OL 28a. DATE OF INJURY (Month, Day, Year,	28b, TI	-	28c. IN.	URY AT ORK?	8 Other (Specify) 26d. DESCRIBE HON	W INJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 5 Could not 5 4 Homicide determined	28a PLACE OF INJUS	RY — At home, ferm	, street, facto			281. LOCATION (Stre- City or Town, Sta	et and Number ite)	or Rural A	oute Number,
COMPLETED		SICIAN: To the best of my kno								
BE CO	29b, SIGNATURE AND TITLE OF CENTIF		A . O	ion, in my o	piliioli, c	29c. LICENSE NU				(Month, Day, Year)
10	39 NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUSE OF C	1. D. 1	e, Print)	11	Brodu	ay Ba	Obnu	00	21231
	31. DATE FILED (Month, Day, Year) AUG 1 1 1993	32. REGISTRAR'S SIG		0.	0.	VI GLOO	- 1. VILL	4/100		- 40 1

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Midd	_	. /	1 - 1	2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATN
Miller,	Baby Ba		Lee]	(4 11	93	1022 um
4. SOCIAL SECURITY NUMBER	5. SEX	. 1	JNDER 1 YEAR IF UNDER 24 HRS	/Adamsh Day Mand	a. BIRTI Count	IPLACE (State or Foreign
	1 M 2 🗆 F	hove 8min THS.	1 8	6/11/92	in	laryland'
90. FACILITY NAME (If not institution of St. Haws h	tos PI+al		CITY, TOWN OR LOCATION OF		9c. COUNTY OF D	
ST. AGNES I			Baltimore	MD	Daltin	were City
10e. STATE 10b.	COUNTY	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
MD		Bal.	timore Ci	ty		1 YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	
100. STREET AND NUMBER HIT RESECT 11. MARITAL STATUS	OFT TERROR	ce	2/5	129	45	A-
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED YES 2 NO	13. WAS DECENDENT OF NISI If yes, specify Cuben, Mex	PANIC ORIGIN? (Specify Yes o	No - 14. RAC	E — American Indian, k, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		1 YES 2 NO Spe		Spec	my: Black.
	T'S EDUCATION	44 - PEOSPONIE UNI				
(Specify only high	est grade completed)	His Co MOT use set	done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	101/0	,	NIA		
15. DECEDEN (Specify only higher (Specify only higher Elementary/Secondary (0-12)	Last)	TO / FF	18. MOTNER'S	NAME (First, Middle, Maiden Su	mamel	· · · · · · · · · · · · · · · · · · ·
MARK ANT	Thony MAR;	NER		KAREN M M		
19a INFORMANT'S NAME (Sepa/Pr			RESS (Street and Number or Rui	al Route Number, City or Town.	State, Zio Code)	
medical Rocco	Rd		SECROFT TE			MD 21229
20a, METHOD OF DISPOSITION		20b. PLACE AND DATE OF DI	SPOSITION (Name of		TION — City or To	
1 Donation 5 Other (Special Control of the Control		Cemetery, crematory or other p	RAL CEMETERY	R	ALTIMORE	2
21. SIGNATURE OF FUNERAL SER	WICE LICENSEE		HUBBARD FUNE	FACILITY DOME THE	7	
1 Jain	6 Smill		4107 WILKENS			m 21220
	ea. Dr compileations that					D. 21229
			oter the mode of dulps, a	uch an cardian or manin	lane amount	Assessments
ahock, or heart t	fallure. List only one cau	aa on aech lina.	ntar the mode of dying, s	uch as cardiec or respira	tory arreat,	
ahock, or heart to iMMEDIATE CAUSE (Final disease or condition	failure. List only one cau	aa on aech lina.		uch as cardiec or respira	tory arreat,	Intarval Between
IMMEDIATE CAUSE (Final	a. Seve	re Prema	turily.		tory arreat,	Intarval Between
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iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sever	re Prema	turily.		tory arreat,	Intarval Between
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iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sever Due to Oue to C.	re Prema	turily.		tory arreat,	Intarval Between
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23252 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93

REGISTRAR			RIF	ICATE C	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)										3. TIME OF DEATH
Vi	cie			Lew	ris	Au	gust 6	. 19	93	3:19am м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE	OF BIRTH	,		IPLACE (State or Foreign
232-44-5165	1 □ M 2 🕁 F	61	YRS.	MONTHS DAY	S HOURS MIN.				Counti	(Y)
	1 1	04		9h CITY TOW	TOWN OR LOCATION OF PEATH					<u>Virginia</u>
		1.0			7			9c. COU	INTER DE	EATH
	ar nospit	.a1		Ба	Trimore (ity				
10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
Maryland			Ba	ltimor	e					LIMITS?
10e. STREET AND NUMBER				1	10f. ZIP CODE			10a CIT	IZEN OF Y	
2530 Virginia Arr										THAT COUNTRY?
11. MARITAL STATUS		T EVER IN U.S. ARI	MED	12 140 0		ANIC ORIGI	A10.0010. M			
1 Never Married 2 Married	FORCES? 1	YES 2 N	0	If yes,	specify Cuban, Maxic	can, Puerto	Rican, etc.)	or No-	14. HACE Black	E — American Indian, k, Whita, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OH DATES		101	ES 2 NO Spec	:#y:			Speci	" Black
15. DECEDENT'S EDU	ICATION	16a, DEC	CEDENT'S	USUAL OCCUP	ATION	164	N KIND OF BUS	INESS /IN	DUSTRY	
		(Gh	ve kind of s	work done during	most of working		or raine or eoc	JIIILU 37 II II	Josini	
	Conlege (1-4 of 3 4	· _	tere	r			Schiede	ris	Cate	rers
					18 MOTHED S N				Outoc	.1010
James Lee										
		106	MAILING	ADDRESS (C)						
										21215
	_									
1 Durial 2 Cremation 3 Ram	ioval from Stata	cemetery, cren	natory or o	thar place)	{Name of					
	CENSEE	Arbut	us V	1emoria	1 Park		101 Bai	Lto.	Co.,	MD.
V	D V			22. NAME	AND ADDRESS OF F	ACILITY	Nutter	Fune	eral	Homes, Inc.
Denn	parte			250	1 Gwynns	Falls	s Park	way I	Baltc	., MD.21216
23. PART I. Enter the diseases, or	complications that	caused tha dea	nth. Do r	not enter the	mode of dying, su	ch as cen	diac or respi	ratory en	rest,	Approximate
IMMEDIATE CAUSE (Finel	List Dilly Ona Cau	se on eech line.								Interval Between Onaet and Death
disease or condition	Senete									Control of the second
and addition	DUE TO	(OR AS A CONSEO	UENCE O	F):						
· ·	b. Pneumo	ากร่อ								
Sequentially list conditions, if any, leading to immediate	b. Pneumo	onia (or as a conseo	UENCE OI	7 :						
if any, leading to immediate	DUE TO	(OR AS A CONSEO								
if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	e. Hypoxi	(OR AS A CONSEO								
If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSEO								
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c Hypoxi	(OR AS A CONSEO	halo UENCE OF	pathy						
if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c Hypoxi	(OR AS A CONSEO	halo UENCE OF	pathy	ing ceuse given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

## ROSE M. LARSEN 4. SOCIAL SECURITY NAME (For contribution, give sines and marked) 215-50-7567 1		MY YEA	OF DEATH	MONTH					NAME (First, Middle, Last)	
BE STATE NO. PER PACE AND NUMBER 10. STREET NO NUMBER 11. No. STREET NO NUMBER 10. STREET NO NUMBER 11. NO. STREET NO NUMBER 11. NO. STREET NO NUMBER 11. NO. STREET NO NUMBER 12. NOS DECEMBENT FURTH IN U.S., ABMED 13. NOS DECEMBENT FURTH IN U.S., ABMED 14. NO. STREET NO NUMBER 15. NOS DECEMBENT FURTH IN U.S., ABMED 16. STREET NO NUMBER 17. NAME (FOR STREET) 18. NOS DECEMBENT FURTH IN U.S., ABMED 19. NO STREET NO NUMBER 10. STREET NO NUMBER 10. STREET NO NUMBER 10. STREET NO NUMBER 11. MANTIAL STRUB 12. WAS DECEMBENT FURTH IN U.S., ABMED 12. NO STREET NO NUMBER 13. NOS DECEMBENT OF INSTANCE ORIGINAT (Specify Ver or No.) 13. NOS DECEMBENT OF INSTANCE ORIGINAT (Specify Ver or No.) 14. RACE Amarita 15. NOS DECEMBENT OF INSTANCE ORIGINAT (Specify Ver or No.) 15. NOS DECEMBENT OF INSTANCE ORIGINAT (Specify Ver or No.) 16. NOS DECEMBENT OF INSTANCE ORIGINAT (Specify Ver or No.) 17. NOTHER'S NAME (FORT, AGGIN, CLUST) 18. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 19. NOTHER'S NAME (FORT, AGGIN, CLUST) 20. NOTHER'S NAME (FORT, AGGIN, CLUST) 21. SIGNATURE OF CHARLES, SERVICE LEGISTEE 22. NAME AND ADORESS OF RACILITY 19. NOTHER'S NAME (FORT) 23. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACILITY 19. NAME AND ADORESS OF RACIL	3:10	/93	8/8/							
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29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated.	Approxima Interval Be Onset and Onse	NAUTOPSY RAMED?	24a. WAS AN PERFOI 1 YES :	Part I.	DORESS OF FALL STE FORT A dying, such that the such that t	22. NAME AND AID HARLES 1501 E. Inter the mode of the	the desth. Do not be line. CONSEQUENCE OF CONSEQUE	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A)	inter the diseases, or hock, or heert failure. CAUSE (Finel ondition lesth) list conditions, g to immediate UNDERLYING ease or injury events leath) LAST or significant conditions are significant conditions. LAST OF SIGNIFICANT CONDITIONS OF SIGNIFICANT CONDI	23. PART I. IMMEDIATE disease or resulting in Sequential if sny, lead cause. Ente CAUSE (District initiate resulting in PART II. Ot 25. WAS CASE EXAMINE: 1 YES 27. MANNER: 1 Neture 2 Accid 3 Suich
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0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Approxims Interval Be Onset and Onse	NAUTOPSY RIMED? JANO INJURY OCCURE and Number or Re- control of the case.	24a. WAS AMPERFORM 1 YES 1 SCRIBE HOW CATION (Street or Town, State, use(a) and me	Part I. Part I. 28f. Loc. City to the cau time, deta	DRESS OF FA L. STE FORT A of dying, suc Commod Description OF OEATN (Ch Residence AT 2 NO	22. NAME AND AID HARLES 1501 E. Inter the mode of the	Iths desth. Do not set line. Arthrill CONSEQUENCE OF CONSEQUENCE	DUE TO (OR A DU	inter the diseases, or hock, or heert failure. CAUSE (Final onditions, g to immediate UNDERLYING ease or injury events leath) LAST Per significant conditions Figure 1	23. PART I. IMMEDIATE disease or resulting in Sequential if smy, lead cause. Ente CAUSE (bit that initiate resulting in PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. Ot 1. PART II. OT 1. PART II. OT 1. PART II. OT 1. PART I

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last	0	CERTIFI			2. DATE	OF DEATH	IV.	YEAR	3. TIME OF
		ohn Willi		, Jr.			st 10	, 199		6:20
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month	OF BIRTH , Day, Year)	1	BIRTH Countr	PLACE (State
	216-01-1391 9a. FACILITY NAME (If not institution, give	1 💢 M 2 🗆 F	89 YRS.				104/0			ryla
Œ	Riverview Nur				OR LOCATION OF DI	EATH		9c. COUNT		
5	RESIDENCE OF DECEDENT			Ess				l Ba	lti	more
DIRECTOR	MO TOTAL TO A TOTAL TOTAL TO A TO			Y, TOWH OR LOCA						10d. INSIDE
_	Maryland 100. STREET AND NUMBER	<u>Baltimore</u>		10	ROSE	edal	e	10a, CITIZE	EN OF V	1 TYES
FUNERAL	1314 Evering	Avenue			21	237				ISA
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED		CENDENT OF HISPAI pecify Cuban, Maxics	NIC ORIGIN		or No— 1	4. BACE	E — American k, White, etc.
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES A		S 2 X NO Specif		ncen, etc.)		Speci	ffy:
ED E	15. DECEDENT'S ED		16a, DECEDENT'S	USUAL OCCUPATI	ON	16b.	KIND OF BUS	RINESS/INDU	STRY	Whi
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	vork done during m e retired.)	ost of working	110				
COMPL	6		Marine	Pipef			thlehe		ee1	Shipy
00	17. FATHER'S NAME (First, Middle, Last)	ada			16. MOTHER'S NA					
B	John Fr	ederick L		ADDRESS (Co	and Number or Rural		nie			
9	Florence I. L.	ist			and Number of Hurel					212
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE O	F DISPOSITION (N		DATE		CATION - C		
	1 Donation 6 Other (Specify)	moval from State	Metro Cr	emator	y, Inc.	8/11		1time		
	21. SIGNATURE OF TUNERAL SERVICE	GCENSRE)		22. NAME A	ND ADDRESS OF FA	CILITY				Ť
				Crome	ota on C	00-			-	Γ
	George E.	MacNabb		Crema 299	ation S Frederi	ocie ck R	ty or	Md,	.,]	Inc.
	George E. 23. PART I. Enter the disesses, or shock or heart fallum	r complications that caus	sed the deeth. Do n	299	Frederi	ck R	oad	Balt	0.	MD
	23. PART I. Enter the disesses, or shock, or heart fellure IMMEDIATE CAUSE (Finel	complications that cause or cause or	n eech ilne.	299 oot enter the me	Frederi	ck R	oad lec or respi	Balt	0.	Appr
	23. PART I. Enter the disesses, or shock, or heart fellure	r complications that cause or a. List only one cause or	o each line.	299 oot enter the mo	Frederi	ck R	oad lec or respi	Balt	0.	Appr
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN REG. NO		2020
	EDE PHIRICI	Patricia A LOW	DE LO	wder		2. DATE OF DEATH O	18/09/93	3. TIME OF DEATH
9	243-60-7431	DM 2 BT 5	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)	Co	erthplace (State or Foreign unity) orth Carolina
OR	9a. FACILITY NAME (If not institution, give stree	t and number)		96. CITY, TOWN	OR LOCATION OF D	EATH IS	9c. COUNTY O	
EG	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			Last more out
L DIRECTOR	Md A	A		Anna	polis	5		10d. INSIDE CITY LJMITS? 1 YES 2 NO
FUNERAL	412 HARBUR	Dr.			2140	3	10g. CITIZEN C	F WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR OAT	2 NO	If yes, s	ECENDENT OF HISPA specify Cuban, Mexico S 2 NO Specif			
8	15. DECEDENT'S EQUCAT		16e. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BUS	SINESS/INDUSTR	WHITE
COMPLET		pecify only highest grade completed) (Give kind of work done during most of working like to be NOT use agriculty ondary (0-12) College (1-4 or 5+) Systems Coordinator Nationwid						appe Co.
8	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Meiden	Surname)	
BE (Ira Lee	Harward				Lizzie	Burris	
2	19a. INFORMANT'S NAME (Type/Print) Dewe	y R. Lowder	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Town		
-	DeWEY LOW	DeR	412	HARRO	OR DRIV	ie Anni	PRIVAR	10 21403
	20a. METHOD OF DISPOSITION 1	from State 20b.1	tery, cremetory or of	of Disposition (fitter place) emator	y,Inc.	8/10 Ba	cation — city of	and the same of th
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Me delle		22. NAME	ANO ADDRESS OF FA	CILITY		
	George E.	MacNabb		299	ation So Frederic	ociety of ck Road	Md., Balto.	Inc. ,MD 21228
	23. PART I. Enter the disesses, or com	plications that caused	the death. Do n	ot enter the m	ode of dying, suc	h as cardiac or respi	ratory srrest,	Approximate
	ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disesse or condition resulting in death) a	Perph	eal	1/1/	2 Class	By Old	esara	Interval Between Onset and Death
NO	Sequentially list conditions,	OUE TO OR AS A	2 de	Der	Ment o	lalas	201	
ICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A (5%				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A (CONSEQUENCE OF	ን፡				
	PART II. Other significant conditions of	ontributing to death bu	t not resulting i	n the underlyi	ng cause given in	Part I. 24e. WAS AN	ALITOPSY	4b. WERE AUTOPSY FINDINGS
CAL	Suctemit	count	work.	~~C	E was	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
8	Jan 2	- 0 -10	~~~	Carrie	74	1 Tes 2	□ NO	OF DEATH?
PHYSICIAN: MEDI	- cryp res	acas	Cor,	20/16	11/15 1	90		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		-	26 1	PLACE OF OEATH (Ch	ant anti-one		
S		OSPITAL:		OTHER:				
Ĕ	27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIM		me 5 🗆 Residence	6 Other (Specify) 28d. DESCRIBE HOW II	UNITED OCCUPED	
9	1 Natural S Pending	(Month, Day, Year)	INJ	URY W	YES 2 NO	and begoning now p	NOON OCCOMED	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	260. PLACE OF INJURY -	- At home, term, a			26f. LOCATION (Street a	and Number or Dur	at Bouts Mumber
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (Specify	y)			City or Town, Stete)		ar I today Tightball,
7	290. CERTIFIER (Check only	N: To the best of my knowle	dge, death occurre	d at the time, dat	e end place, end due	to the cause(s) and man	ner as stated.	
NO	one) 2 MEDICAL EXAMINER: C							e(e) end menner ea stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	, 1			29c. LICENSE NUI			EO (Month, Day, Year)
BE	6AMILA	hell			214	>(P)	D 8-	9-5 3
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DEAT	TH (ITEM 27) (Type,	Print) 2 n 22	s mli	20 1	2 //	
15	31. DATE FILED (Month, Day, Year)	39. REGISTRAR'S SIGNAT	TURE	11/10	RICI	1124	1/40	
0	AUG 1 1 1993	Julia Davidson	Mandall					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit parmet. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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director,	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
funeral		
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	ITEMS: 28a,c,&e DELI	TED PER MEO FI	LM G-706 12	/22/93 t.	t/s.w		93	23256
	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF			IE .	
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO).	3. TIME OF DEATH_
	YETTA	LUBOSH	YE	TTA LUB	OSH		7	YEAR 6:50
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6	BIRTHPLACE (State or Foreign
	040-46-5582		qq yas.	MONTHS DAYS	HOURS MIN.	9/7/189	13	RUSSIA
m	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH
DIRECTOR	PESIDENCE OF DECEDENT	POLITA POSITA POLITA					1 1	٢,
E S	10s. STATE 10s. COUNT	Υ	10c. CIT	10c. CITY, TOWN OR LOCATION				
	Mo			BALTIMORE				LIMITS?
FUNERAL	10e. STREET AND NUMBER			10	Of. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
NE NE	2500 W. BELVEDER	RE AVE, APT.			21215		USA	
	1 Never Married 2 Married	FORCES? 1 YE	S 2 100	If yes, s	pecify Cuben, Mexicar	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	8 or No- 14	I. RACE — American Indian, Black, White, etc.
ВУ	3 Wildowed 4 Divorced	W TES, GIVE WAR ON	DATES	1 U YES	S 2 NO Specify			Specify: WHITE
TED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16e. DECEDENT'S (Give kind of v	rock done during m	ION lost of working	16b. KIND OF BU	SINESS/INDUS	STRY
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us					
COMPLET	17. FATHER'S NAME (First, Middle, Last)		I HOU	SEWIFE	18. MOTHER'S NAM	AT I	HOME	
ш	GEDALIA KUNIN					E LUBIN	oa.mamay	
10 B	190. INFORMANT'S NAME (Type/Print) MRS. HTLIDA MOHR		19b. MAILING	ADDRESS (Street	and Number or Rural R	oute Number, City or Tow	n, State, Zip Co	ode)
			700	6 PLYMO	UIH ROAD	BALTIMÓRE		
	20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem	noval from State 2	Ob. PLACE AND DATE OF THE CONTROL OF	F DISPOSITION (N		-93 BALTIN	CATION — CH	y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		C11120					
	> XI To.	inson				SON & BROS		TIMORE, MD 2121
	23. PART I. Enter the diseases, or		ed the death. Do n					
	ahock, or heart feilure. iMMEDIATE CAUSE (Finel	List pnly pne ceuse on	each line.		out of aying, adol	as cardiac or resp	natory arres	interval Between Onset and Death
	disease or condition resulting in death)	. Massi	VP C	AV-				Onset and Death
				•				
S O	Sequentielly list conditions,	HTN	A CONSEQUENCE OF					
ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	and B	_ •		0.0			
IFI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	FIBCI A CONSEQUENCE OF	11011	WI)			
ERI	resulting in deeth) LAST	. ASCV	D					
L C	PART II. Other significant condition	ns contributing to death	but not resulting i	n the underlyin	ig ceuse given in I	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA						PERFOR	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC						_	, no	OF DEATH?
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Che	ck only one)		
1YS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Ou		4 - Nursing Hon	ne 5 🗆 Residence (
	1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT ORK? YES 2 WAG	28d. OEŞCRIBE HOW I	NJURY OCCUP	RED
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	280. PLACE OF INJUR	RY — A1 home, ferm, a		7	28f. LOCATION (Street	and Number or	Rural Route Number
TEC	4 Homicide datermined	building, atc. (Sp	pecify)			City or Town, State)		
2	29e. CERTIFIER	ICIAN: To the best of my kno	4		and place, and due t	to the cause(s) and mai	mer as stated.	
	(Check only							
OM	(Check only	R: On the basis of examinat	ion end/or investigation	i, in my opinion, o	agent occured at the f			euse(s) end manner as stated.
3E COMPLETED	(Check only	ER: On the basis of examinat	ion end/or investigation	i, in my opinion, c	29c. LICENSE NUM			tGNEO (Month, Day, Year)
BE	(Check only 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	R COLLEGE						
ш	(Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH	R COLLEGE						
BE	(Check only 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	R COLLEGE	DEATH (ITEM 27) (Typo,					

GERT - 1 X Y FEWER STEEL

F 7.5 M 6230

DOM:

S. S. William C. Co.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local pears. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY BUYCLCIAN. HEDICAL OFF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE 93
CERTIFICATE OF DEATH REG. N	

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGIE		23231
1. DECEDENT'S NAME (First, Middle, Las	10)	madis	im		2. DATE OF DEATH	DAY _ 198	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-03-307-	5. SEX 6. AGE			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	798	BIRTHPLACE (State or Foreign Country)
99. FACILITY NAME (II not institution, give Parties of	o street and number)	96	BA/	LOCATION OF DI	e City	9c. COUNTY	OF DEATH
100. STATE 10b. COU	NTY	10c. CITY.	ATTIVE	nore	7		10d. INSIDE CITY LIMITS? 1 YES 2 NO
260/KOSA	lind Ave.		101.3	1216		10g. CITIZEI	of WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 AND	If yes, spec		NIC ORIGIN? (Specify V in, Puerto Ricen, etc.) y:	es or No— 14	RACE — American Indian, Black, White, atc.
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5 +)	16a. DECEDENT'S USI (Give kind of work life, De NOT use re	done during most	of working	16b, KIND OF B	USINESS/INDUS	TRY
17 FATHER'S NAME (First, Middle, Last)	r'	1 //0///8/	THE SE	18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)	
19g. INFORMANT'S NAME (Type/Print)	1/21	19b. MAILING AD	DRESS (Street and	Number or Ruray	Route Number, City of To	wn, State, Zip(gl	(do) /
200. METHOD OF DISPOSITION	HAINES	5 PLACE AND DATE DED	Alm	AnKo	BATE 200 L	MORE DISTOR	Kd, 2/2 08
1 Deuriel 2 Cremation 3 R. 4 Donetion 5 Other (Specify)	emovat from State	9 Rebutus	hen	1. Vart	19 8	Alto	Co. Mod.
21. SCHATURE OF FUNERAL SERVICE	Li Puss		Jases 2222	W.N.	-th Ave	4 Ner	n/ Hone
23. PART I. Enter the diseases, of ahock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Chro	oach line.	enter the mode	Faclu	th ea cardiac or ree	piratory arrea	t, Approximate interval Between Onset and Death
Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOH AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	o idi	sm			
PART II. Other algorificent condit	iona contributing to death,					N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Ch	eck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		THER:		6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOR	TY AT C? S 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
2 Accident Investigation 3 Suicide 6 Could not investigation 4 Homicide datermined	28e. PLACE OF INJUR	ry — At home, term, stree ecity)	et, factory, office		281. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
	YSICIAN: To the best of my know						
296. SIGNATURE AND TITLE OF CERTS	elun			20c. LICENSE NUI	MBER 2)	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	203 B	alto	me	d 21.	229	
31. DATE FILED (Month, Day, Year) ALIG 1 1 1003	32. REGISTRAR'S SIG	Acade 11		ME			

Pages 1, 2, 3 should

Once. Ħ notified pe must examiner the medical cremation, or traumatic event, other Hygiene 10 23 shows any injury, certificate has been in the State Dept. of I Item 2 0 28 is marked, this c

death

After

THE FUNERAL DIRECTOR: filed within 72 hours after

2 2 3

IMPORTANT: If item

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31. DATE FILED (Month, Day, Year)

1 1993

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93 23258 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 11 res Mose AUG :09 19 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYE 925 1 | M 2 | F 79 YRS. Tarth 19 14 Cocales 90 FACILITY NAME (If not in SM CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Medean leater FUNERAL DIRECTOR ma RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY TOWN OR LOCATION 10d. INSIDE CITY Ano more YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 11 MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-RACE FORCES? If yes, specify Cultan, Mexican, Puerto His 1 TES 2 NO Specify 1 YES 2 PNO 1 Never Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced COMPLETED IS. DECEDENT'S EDUCATION Title. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most
ph) Do NOT use retried.) ISE KIND OF BUSINESS/INDUSTRY (Specify only highest grade or tary/Secondary (0-12) Coffege (1-8 or 5 +) urse BE ISE. WAILING ADDRESS /S 2 MEZHOD OF DISPOSITION 20b. PLACE AND DATE Cremation 3 [5 Cither (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE disease, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or raspiratory arrest, 23. PART I. Enter the Approximate ehock, or heart fellure. Liet only one ceuse on each line. Interval Retween IMMEDIATE CAUSE (Finel Onset and Death disease or condition won resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? WERE AUTOPSY FINDINGS tensons AVAILABLE PRIOR TO 9 Biscouse COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 YES 2 NO 1 Dipetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🗌 Natural 5 Pending BY м Investigation 1 YES 2 🗌 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide COMPLETED 8 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner es stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFJER BE 29c. LJCENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 819193

26683

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MBBB

32. REGISTRAR'S SIGNATURE he Devidon Randell

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ABBOUD

38. BEGISTPAR'S SIGNATURE
FUND NEW COMP. PONDER

93 23259 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. OECEDENT'S NAME (First, Middle, Liast) 2. DATE OF OEATH 3. TIME OF DEATH 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 1 W M 2 | F YRS. LITY NAME (HINDS Institution 9b. RITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF BEATH FUNERAL DIRECTOR 61 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY mor 1 VES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 1216 filled in by the funeral director, page 5 should be detached for use as the burial-transit 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cubap Maxicen, Puerto Rican, etc.)

1 YES 2 Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 111 IF YES, GIVE WAR OR DATES В 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do, NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade THEHEM Elementary/Secondary (0-12) College (1-4 or 5+) 3 El worker notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Stiff) BE Mamie 19a. INFORMANT'S NAME (Type/Print) 19b. MAITING ADDRESS (Street and Nur Number, City, or Ap Codel 2 BALED, MO 0 Grace A Melcher Pe 20e. METHOD OF DISPOSITION
1 N Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION - City or Town, State OATE must Memorial Park 8/9 Baltimore Co., MDexaminer 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Falls Parkway Baltimore, MD 21216 ٤ medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. 5 Interval Between IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, the disease or condition Preunonia OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within ; event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial, Camer traumatic PHYSICIAN: MEDICAL CERTIFICATION attending physician and intal Hygiene prior to bur Sequentially list conditions, OUE TO (OF AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST the atten shows any injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and I PERFORMEO? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO been s 1 YES 2 NO has b Dept. 25. WAS CASE REFERRED TO MEDICAL Item 28. PLACE OF OEATH (Check only one) certificate to the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 10 e 5 ☐ Residence 8 ☐ Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH this co marked, 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES After the 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) ETED 3 Suicide DIRECTOR: A hours after de liem 28 is 69 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL FUNERAL within 72 h HOSPITAL IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 물 물 물 Abboud 8-5-93 143235 2 3 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 (Type, Dring) 2

		per
BALTIMORE, MARYLAND 21215-0020	ICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	erificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pern
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VITAL RECORDS, P.O. BOX 68760,	: The lav	ertificate has been signed by the attending physician and completely filled in by the

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 93 **HERMAN** MCTEER 8 8:30 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS tXXM 2 □ F 251-12-0053 YRS. 11-22-18 S.C Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 822 N. WOLFE STREET BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 XXYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1914 E. MADISON STREET 21205 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Narried Specify: BY 3 Wildowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 6th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at B 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BLONDELL DUNAWAY 1914 E. MADISON ST./BALTIMORE, MARYLAND 21205 must be 20s. METHOD OF DISPOSITION

| State | 2 | Cremation | 3 | Removal from State | 4 | Donation | 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE BYACETTOT MORE CEMETERY 8-13 BALTIMORE, MD examiner 21. SIGNATURE OF FUNDROL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE medical 28. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or heart fallure. List only one couse on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition robable mo cardiel infacction unknows event, resulting in death) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL ашу COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) tem HOSPITAL: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 DOA 4 Nursing Home 5 N. Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF L OR ATTENDING PHYSIC DIRECTOR: After this cer hours after death with th 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide -00 6 Could not be COMPLETED 4 Homicide 28 Hem 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. HOSPITAL FUNERAL C within 72 h (Check only one) TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON Baltinore 10mer 110 400 Indol 31. DATE FILEO (Month, Day, Year) whice Davidso AUG 1993

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA	MENT OF H	IEALTH AND MI DEATH	ENTAL HYGIEN	E	23201	
	1. DECEDENT'S NAME (First, Middle, Lest) ROBERT	L.	Мс	GARRIO	GLE in	DATE OF DEATH DO		3. TIME OF DEATH	
	216-15-1915	1 ¹ M 2 □ F 19	s. last birthday) IF	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. 7	0.8 0.8 DATE OF BIRTH (Morith, Day, Ybar) 02/28/74		3 5:17 P BIRTHPLACE (State or Foreign Country) Marvland	_
TOR.	9a. FACILITY NAME (If not institution, give stre ST AGNES HOSPI RESIDENCE OF DECEDENT				OR LOCATION OF DEAT	н	9c. COUNTY		
DIRECTOR	Md. Baltir	more		OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 ND	_
ħ	100. STREET AND NUMBER 4708 Ruby Aver	nue		101	21227		10g. CITIZEN	USA	
BYED	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	II yea, spe	ENDENT OF HISPANIC ecify Cuban, Maxican, I 2 NO Specify:	ORIGIN? (Specify Year Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White	Ī	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION (16a College (1-4 or 5 +)	Give kind of work	done during mo: tired.)	ON st of working	16b. KIND OF BUS			
	17. FATNER'S NAME (First, Middle, Last)	NER'S NAME (First, Middle, Last) 18. MOTNER'S N.				Home Der	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rou		n, Stete, Zip Co	ide)	-
-	Robert L. McGarric	20b PL	4/08 RI		enue, Balt			or Town, State	
	1 V Bonal 2 Cremation 3 Remov	rel from State cemetery		Memori	al Park 8	/ ₁₂ EI	kridge		
	21, SIGNATURE OF PUNERAL STANCE LICES	18 CFF		Gary 5695	L. Kaufma Main St.,	n Funera] Elkridge	, Md.	21227	
	23. PART I. Enter the diseesea, or co- ehock, or heert fellure. Li IMMEDIATE CAUSE (Finel diseese or condition multing in death)	emplications that caused the st only one cause on each	NJURY	enter the mod	de of dying, auch a	s cerdiec or reepi	ratory errest	t, Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COR							-
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A CON	NSEDUENCE DF):						
AL	PART II. Other significent conditions	contributing to death but n	ot resulting in ti	ne underlying	ceuse given in Pe	rt I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	-
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE DF DEATN (Check	only one)		1,115 1,110	
HYS	1 X YES 2 ND 1	1 Inpatient 2 XER/Outpatien 26a. DATE OF INJURY	26b. TIME OF	Nursing Nome 26c, INJU		d. DESCRIBE NOW I	JURY OCCUR	ED	4
À	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	08/08/93 28a. PLACE OF INJURY — A	4:33 E		ES 2 TYNO	ETXED OF		FORCYCLE/	4
ETE	4 Homicide datarmined	SELFORD &	SULPHU		ING RD.	BALTIMO	RE CO		
COMPLETED	(Check only 1 CERTIFYING PNYSICIA	AN: To the best of my knowledge On the basis of examination and	, death occurred at for investigation, in	the time, data my opinion, de	and place, and due to to eath occured at the time	the cause(s) and man e, deta and place, and	ner as stated. I due to the ca	suse(s) and manner as stated.	
TO BE (294. SIGNATURE AND TITLE OF CENTRIES	olly	J		O.C.M.		29d. DATE SI	GNEO (Morith, Day, Year) /09/1993	1
-	MARIO T. GOLL	= 3K-MO111	Penn S	street	, Baltim	nore, Ma	rylar	nd 21201	
1	31. DATE FILED (Month, Pay 1941)	32. REGISTRAN'S SIGNATUR							٦

BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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32. REGISTRAR'S SIGNATURE

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	FOR	STATE OF MARY	/LAND /	DEPAR	TMENT OF	HEAITH	AND	WENTAL WYCIE	9	3	23262
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	OIAIL OI MAIL			ICATE O			REG. NO	7-		
	KFLI FF	\/.	MA	-1 7	NE			/3/	MY	YEAR	3. TIME OF DEATH 3:4 (AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest	birthday)	IF UNDER I YEAR	IF UNDE	A 24 HRS.	7. DATE OF BIRTH	0 '	93 8. BIRTH	PLACE (State or Foreign
		1 🗆 M 2 🗶 F	68	8 YRS.	MONTHS DAY	HOURS	MIN.	04-21-25		Ne	w York
OR	98. FACILITY NAME (# not institution, give structure) St. Agnes Hospit				9ь. сіту, тоw Ва 1	or Locati			9c. COUN	TY OF D	EATH
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			toe CIT	Y, TOWN OR LO	ATION					
DIRECTOR	Maryland Bal	timore			Catons						10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
AL	10e. STREET AND NUMBER					101. ZIP COD	E		10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	315 Ingleside Av					21	.228		US	SA	
8	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 Å NO IF YES, GIVE WAR OR DATES			If yes,	ECENDENT (specify Cube ES 2 NO	in, Mexicar	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No—	14. RACE Black Specia	- American Indian, White, atc.
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working				16b. KIND OF BU	SINESS/IND	USTRY				
Ž	Elementary/Secondary (0-12) unavailable	College (1-4 or 5 +)	Ho. L	Do NOT us	etary	rost or works		off.	ice w	anle.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		<u> </u>	3001	ctary	18 MOT	HED'S NA	ME (First, Middle, Meiden		JIK	
ш	unavailable							ilable	sumame)		
TO B									21061		
	20e. METHOD OF DISPOSITION 1 Burlet 2 O Cremation 3 Remov	mi from State	Ob.PLACE AN	DDATE	OF DISPOSITION				CATION — C		
	4 Donation 6 Other (Specify)	M	emetery, crem etro (Crem			8	-11-93	Catons	svil	le, MD
	11. SIGNATURE OF FUNERAL SERVICE LICE	Fisher			22. NAME	AND ADDRE	SS OF FAC	4107 Wi Baltimo	lkens	Ave	
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li	mplications that caus	ed the deel	th. Do n	ot enter the n	node of dy	ing, auch				Approximete
	IMMEDIATE CAUSE (Final					. 4					Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS			CEM	14		ton.			
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury c.										
Ë	that initiated events resulting in deeth) LAST	OUE TO (OR AS	A CONSEQU	JENCE OF	ገ):						
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S	PART II. Other algnificant conditions	contributing to deeth	but not red	euiting i	n the underly	ng ceuse	given in F	Part I. 24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
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PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)										
YSI	1 🗆 YES 2 🕽 NO	HOSPITAL:	rtpetient 3	DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Re	sidence 8	B Other (Specify)			
	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME	URY V	JURY AT	250	28d. OEŞCRIBE HOW I	NJURY OCC	JRED	_
8	2 Accident Investigation	26s. PLACE OF INJUS	RY — At home	e. term. e		YES 2	NO	28t LOCATION /Street	and Mushau	or Charal D	
	4 Homicide 6 Could not be determined	building, etc. (Sp	ecify)	,	west, tablery, on			261. LOCATION (Street City or Town, State)		ir Hurai Hi	oute Number,
PE	29e. CERTIFIER (Check only	AN: To the best of my kno	wiedge, desti	h occurre	d at the time, da	te and place.	and due t	to the cause(a) and mar	ner sa state	d.	
COMPLETED	one) 2 MEDICAL EXAMINER:										and manner as stated.
ш	296 BIGNATURE AND TITLE OF CERTIFIER		1.1			T	NSE NUM				(Month, Day, Year)
TO B	Chunamal N.	>AIX	Hous	F 01	FFICER	P	420	75	▶ 8	101	93
-	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM	27) (Type,	Print)					1	

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ST. HGNES

death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020

e funeral director, page 5 should be detached for use as the

Pages 1, 2, 3 should

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	P	ER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e	
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	8	≊	1

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH RAYNARD 8 1993 McCRAY 9 2:58 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212-84-044 DAYS HOURS 30 12-30-1 2 M 2 | F YRS. 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH STREET-2400 LLEWELYN AVENUE DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MD BA 67 1 VES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 240/ E. USA HOFFMAN ST 2/21 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuber, Mexican, Puerto Ri 1 YES 2 WNO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) LABOR (12 notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) EELER CAMPBELL MOORE BE State, Zip Code) LVIA 2401 BALT be 20a. METHOD OF DISPOSITION
1 Ø Burial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must BALTIMORE mem 6 4 Donation 5 Other (Specify) Arden examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Letts Funeral N. CAROLINE ST BAIT. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feliure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition aujus Hot Wound resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. BY PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1X YES 2 NO ng Home 5 - Residence 6 X Other (Specify) PUBLIC STREET 4 - No 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 9 5 Pending 1993 2:35A 1 YES 2 NO SUBJECT SHOT 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 Homicide COMPLETED 6 Could not be 2400 BLOCK LLEWELYN AVENUE BALTIMORE CITY 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the 2 X MEDICAL EXAMINED OF investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d, DATE SIGNED (Month, Day, 1687) MATURE AND TITLE OF CENTIF 29c. LICENSE NUMBER BE OCME 2 (ITEM 27) (Type, Print) PLETED CAUSE OF DEATH M 211 Penn Street, Baltimore, Maryland 21201

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be fled within 72 hours after death with the State Deor, of Health and Mental Hydeles prior to burial, cremation, or removal.

Dr. Ro

31. DATE FILED (Month, Day, Year)
AUG 1 1 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR ERTIFI	TMEN CAT	T OF H	IEALTH DEAT	AND N	MENTA	L HYGIEN REG. NO.	E 93	2	3264
	1. DECEDENT'S NAME (First, Middle, Last) CARULIUE Meno	MARS	HAL	L					2. DATE MONT A U	OF DEATH DA		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 066-01-3968	1 □ M 2 💢 F	8. AGE (In yrs. les	t birthday) YRS.	IF UNDE	DAYS	IF UNDER HOURS	24 HRS. MIN.	(Mon	OF BIRTH th, Day, Year)		Country)	ACE (State or Foreign York
OR	Meridian Perring						Ville				9c. COUNTY OF DEAT Baltim		Н
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Pennsylvania Pik			200	TOWN	OR LOCA	TION						d. INSIDE CITY LIMITS?
FUNERAL I	100. STREET AND NUMBER R.D. 1 Box 376			1	ICW I		2 ZIP CODE					EN OF WHA	T COUNTRY?
₽	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT. FORCES? 1 FYES, GIVE WAI	YES 2 X			If yes, sp	ENDENT O	F HISPAN n, Mexicar	n, Puerto	N? (Specify Yes Rican, etc.)		Black, W Specify:	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	CEDENT'S I the kind of w Do NOT use	ork done retired.)	during me	ON ist of worlding	g	164	o, KIND OF BUS	Hosp:		
BE COM	Towards M								ME (First,	Middle, Malden ne Me			
2	Joan C. Henschel			11228	No	tchc	liff			enarm,		21057	
	20s. METHOD OF DISPOSITION 1		20b, PLACE of cemetery, cred	metory or oti	ner place	rv.	TNC	8	DAT 3/9/	oa Ca	cation — ci tonsv:		
	1//				1 8	3521		Rav	en 1	Blvd.			
	23. PART I. Enfor the diseasea, or c shock, or heert feliure. I IMMEDIATE CAUSE (Final disease or condition	complications that class only one coust	e on each iine /	ath. Do n	ot ente	r the mo	de of dyle	ng, such	as cer	diec or reepi	ratory arre	nt,	Approximete Interval Between Onset and Deat
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	atrial	R AS A CONSECUTE AS A CONSECUTE	rilla	tra	_							
CERTIFICATION	CAUSE (Diseese or injury that initiated events resulting in death) LAST	DUE TO (0	H AS A CONSEC	DUENCE OF	Þ								
MEDICAL	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIN COMPLETION OF CA OF DEATH? 1 YES 2 NO										MILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 Nu	A:	ACE OF DE						
ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,		28b. TIME	OF	RY WORK?				6 Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED			
E	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF building, at	INJURY At hol c. (Specify)	me, farm, si	reet, fec	tory, offic			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC Check only one) 2 MEDICAL EXAMINES												d manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ohf !	C./	C.			29c. LICE	NSE NUM				SIGNED (Mg	onth, Day, Year)

9005 Harford Road

32, REGISTRAR'S SIGNATURE
Julia Davidson-Rondoll.

burial-transit permit. Pages 1, 2, 3 should

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93 23265 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 8-6-93 3. TIME OF DEATH P He eN KERSON Aug 4:45 1993 Omi 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign 1 M 2 F 193 18 9861 YRS. Maryland 4-16-192 9a. FACILITY NAME (If not Institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FORD DIRECTOR m TIE tar Fori 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Harford Harford County Aberdeen 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 472 Eastern Court 21001 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf Yea, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE - American Indian, Black, White, atc. if yes, specify Cuban, Maxican, Puarto Ri 1 VES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES White BY 3 Widowed 4 Divorced Specify: COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Walter Marshall Violet Touchton BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William Nickerson Eastern Ct, Aberdeen, MD 21001 20a. METNOD OF DISPOSITION
1 Burial 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata Onation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt,Balto,MD 21201 23. PART I. Entar the diseases, or complicatione that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition fauceatre. lastable resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO inpatient 2 - ER/Outpatient 3 - DOA ne 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES RE LICENSE NUMBER 29d. DATE SI ENED (Month, Day, Year) CM WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

4 32. REGISTRAR'S SIGNATURE Sanden-Ra

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the furnal trainer, permit from 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /			T OF HI E OF			MENTA	REG. NO) 4	326	b
	1. OECEDENT'S NAME (First, Middle, Last)					o.D.			MONT			YEAR	TIME OF OEAT	
		SEX	6. AGE (In yrs. last	t birthday)	IF UNDE	OPH R 1 YEAR	IER IF UNDER	24 HRS,	7. DATE	OF BIRTH	06		CE (State or Fo	PM,
	00 100111	□ M 2 [[]-F	75	YRS.	MONTHS	DAYS	HOURS	MIN.		Day Year)	918	Country)	Ulm	1
œ	9a. FACILITY NAME (If not institution, give street				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							Н		
CTO	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT					BALTIMORE CITY							
DIRECTOR	More Inac	10c. CIT	y, town	OR LOCATI		,			10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER		1	17/1		ZIP CODE	_		10g. CITIZEN OF WHAT COUNTRY?			NO		
FUNERAL	4102 Libert	4 /19	5 A	ve,			2/	20	7		4	1,5	A	
	11. MARITAL STATUS 1 1 Negger Married 2 Married	FORCES? 1	T EVER IN U.S. ARI	MED		If yes, spec	city Cuber	Maxica	n, Puarto I	? (Specify Yea	or No-	Black, WI	American India	ın,
) BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OH DATES			1 TYES :	2 410	Specify	<i>:</i>			Specify	pck	
ETED	15. DECEOENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted)	(Gh		work done	during most		9	16b.	KIND OF BU	SINESS/INDUS	STRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	1/7	on.	10/1	nA	Ken	0						
	17. FATHER'S NAME (First, Middle, Last)	4	lane-				18. MOTH	ER'S NA	ME (First, A	Aiddle, Mayben	Sumemon	6		
) BE	LIST. INFORMANT'S NAME (Pype/Print)		en507		ADDRES	S (Street an	d Number	12/	9.DC	er lity or Tow	n, State, Zip C	CM	AN	
70		ener	1 4	1/03	22	ibe	14	Ho	15	Ave,	BA	110	mola	2/2
	# Burial 2 ☐ Cremation 3 ☐ Removal	from State	20b. PLACE A	NDBATE	OF DISPOS	SITION (Nan		1	57)	20c. LO	CATION — CI	or Town,	Sports C	1
	21. SIGNATURE OF FUNERAL BERVICE LICENS) wes	IER	22,	MAME AND	APOSES	S OF THE	1	4 E	HILL), C	oi mi	0,
9	· Joseph	J, W	ue		13	355	Sin	·N	~ Z	7 4	Je B	1/5	huls	211
	23. PART I. Enter the diseases, or com ahock, or heart fellure. List	plications that	caused tha dec	ath. Do r	ot anter	tha mod	e of dyli	ng, suci	aa card	lac or reap	ratory arrea	it,	Approxima	
	IMMEDIATE CAUSE (Final disease or condition	1 1-	- ^	1								į	Onset and	
	resulting in death) a	DUE TO	OR AS A CONSEC	NUENCE OF		Ca	2)(2	Na	solu	تما	Eleo	يحم	\$	
N	Sequentially list conditions, b													
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	UENCE OI	F):									
Ē	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSEQ	UENCE O	ን:									
	d,													
CAL	PART ii. Other significant conditions co	ontributing to	deeth but not re	eauiting i	n tha ur	nderiying	ceuse g	iven in	Part I.	24s. WAS AN PERFOR		AWA	RE AUTOPSY FIN	
									-	1 TYES 2	KNO	OF	MPLETION OF C	AUSE
PHYSICIAN: MED									-			1 [YES 2 N	°
CIA		OSPITAL:			OTHE		CE OF DE	ATH (Che	ck anly on)				
HYS	1 VES 2 NO 1 [26a. DATE OF	ER/Outpatient 3	DOA 2Sb. TIM	4 🗆 Nur	sing Home 28c. INJUI		idence		17 77	NJURY OCCU	DED.		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De	y, Year)		URY M	WOR	K? S 2 🗌	NO	240. 024	ornog right	100111 00001	neb		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, (INJURY — At hometral (Specify)	ne, farm, s	treet, fact	lory, offica			261. LOCA City o	ATION (Street a or Town, State)	and Number or	Rural Route	Number,	
									_					_
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN (MEDICAL EXAMINER: O	in the basis of ex	my knowledge, dea amination and/or in	nth occurre rvestigatio	n, in my c	ime, data a opinion, des	nd placa, Ith occurs	and due	to the cau time, date	se(e) and mar and placa, an	mer as stated.	: :ause(s) and	f manner aa st	ated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEI						nth, Day, Year)	
TO B	38. NAME AND ADDRESS OF PERSON WHO CO	\sim					0.0	C.M.	Ε.		▶ 8	-6-1	993	
	Mexicum		111	Pe		Stre	et,	Ва	Ltim	ore,	Mary	land	212	01
3	31. DATE FILED (Month, Day, Year) AUG 1 1 1993	32 REGISTRAP	SIGNATURE	delle							<u> </u>			

OHMH-16 Rev 1/89

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if examiner must be notified at once.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ri
er death. Page 6 may be retained by the hospital or attending physicia	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or attending physicial
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII	RTMEN	T OF H	DEAT	AND	MENTA	AL HYGIEN	_		20207
	1. DECEDENT'S NAME (First, Middle, Last) Robert E.	PORTER						2. DATE	E OF DEATH	AY	YEAR 3	3. TIME OF DEATH
	Charles and the Contract of th		E (In yrs. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	E OF BIRTH th, Day, Year)	NO. H DAY YEAR 7 3 3 4 8. BIRTHI Country 18 Wes 9c. COUNTY OF DE 10g. CITIZEN OF W U.S.A. 14. RACE Bleck, Specifi BUSINESS/INDUSTRY DO 101 Idea Surname) Town, Stete, Zip Code) imore, MD LOCATION — City or Tow ykesville, LINC. Limore, MD espiratory arreat, SAN AUTOPSY FORMED? S 2 NO 24b. 1 DW INJURY OCCURED Deet end Number or Rural Ro menner es stated.	PLACE (State or Foreign	
		1X M 2 🗆 F	74 YRS.	MUNINS	DAYS	HOURS	MIN.	08		18	8 VEAR 8 VEAR 9c. COUNTY OF DE. 10g. CITIZEN OF WY U.S.A. 114. RACE Black, Specify 101 Arname) 115. RACE Black, Specify 1101 Arname) 1101 Arname) 1101 Arname 1101	t Virginia
~	9e. FACILITY NAME (If not institution, give stre					R LOCATION						
0	Caton Manor Nursing	3 Home		Ba	altin	nore	City	У				
<u> </u>	100. STATE 10b. COUNTY		10c. CI	TY, TOWH (OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland Baltin	nore				Balt	imo	re				LIMITS?
	10e. STREET AND NUMBER			_	101.	ZIP CODI	E			10a, CITIZE	N OF W	
ER	2507 Hammonds Fer	rry Road			2	21227	7					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 XNO		WAS OEC: If yes, spe 1 YES	cify Cube	of HISPAN n, Mexica Specify	n, Puerto	N? (Specify Yee Ricen, etc.)	or No- 14	Black	- American Indian, White, etc.
	15. DECEDENT'S EDUCA (Specify only highest grade of	ITION ompleted	180. DECEDENT	S USUAL O	CCUPATIO	N		16	b. KIND OF BUS	INESS/INDUS	STRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT	ise retired.)	auring mos	st of workin	ng	- 1				
₽ P	8th		carpe	nter					Union	101		
8	17. FATHER'S NAME (First, Middle, Last)								Middle, Meiden	Surname)		
H	Charles PORTER						ıknov					
၉	190. INFORMANT'S NAME (Type/Print) Bettie Porter		196. MAILIN	G AODRESS	S (Street er	nd Number	or Rural I	Route Num	ber, City or Town	, Stete, Zip Co	ode)	01007
	20e. METHOD OF DISPOSITION						rry	_				21227
	1 Donation 5 Other (Specify)	ral from State CO	Ob. PLACE AND DATE ametery, cremetory or	other place)		me of		0A1	- / (
	21. SIGNAPURE OF FUNERAL SERVICE LICE		akeview			D ADDRES	SS OF FA	8/1	U Syke	esvill	e,	MD
	11 111.	- 18		HU	JBBAF	ED FU	JNER!	AL H	OME, IN			
\dashv	22 DADT I Enter the discourse as as	3 Muse	10 1 0 5	41	.07 W	lilke	ens A	Ave,	Baltin	nore,	MD	21229
NO	shock, or heert fallure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions,	at only one cause on	each line. A CONSEQUENCE C	Un	ggsze						• •	Approximate Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitieted eventa resulting in death) LAST		A CONSEQUENCE O									
- 11	PART II Other desident and the											1
N: MEDICAL		nouig						Part I.		10g. CITIZEN U.S 10g. CITIZEN U.S 10g. CITIZEN U.S 10g. CITIZEN U.S 10g. CITIZEN U.S 10g. CITIZEN U.S 10g. CITIZEN U.S 10g. CITIZEN 10g		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-		ACE OF DE	EATH (Che	ck only of	ne)			
PHYSICIAN:	1 YES 2 NO	Inpatient 2 ER/Out	tpstlent 3 DOA	OTHER		5 🗆 Res	sidence	S 🗆 Othe	(Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		IE OF JURY	28c. INJU WOF	IRY AT		28d. DE	SCRIBE HOW IN	Sec. COUNTY OF DEA 10g. CITIZEN OF WHO U.S.A. or No— 14. RACE- Black, Specify INCS. MD CATION — City or Town CSVIlle, M NC. ROTE, MD ACTION — City or Town CSVIlle, M NC. ROTE, MD ACTION — City or Town CSVIlle, M NC. ROTE, MD ACTION — City or Town CSVILLE, M NC. ROTE, MD ACTION — City or Town CSVILLE, M NC. ROTE, MD ACTION — City or Town CSVILLE, M NO ACTION — City or Town CSVILLE, M NO ACTION — City or Town CSVILLE, M ACTION		
ă	2 Accident Investigation	40.00.00		M		ES 2	NO					
EIEU	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, ecify)	street, facto	ory, office			28f. LOC City	CATION (Street el or Town, Stete)	nd Number or	Rural Ro	rute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know On the basis of examination	wiedge, death occur on end/or investigation	ed at the ti	me, date o	and place, ath occurs	end due	to the car	use(e) end meni end place, end	ner as stated. I due to the c	euse(e)	end menner ex stated.
N N	296. SIGNATURE AND TITLE OF CERTIFIER		A			29c. LICE				29d. OATE S	IGNEO (Month, Day, Year)
5	Kamal De	10LMI	M.B.			4	26	683		8	19	193
	30. NAME AND ADDRESS OF PERSON WHO (COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type	, Print)								
	AUG 11 1993 July	32. REGISTRAR'S SIGN										

	FOR
1	STATE
•	REGISTRAR

1. DECEDENT'S NAME (First, Middle, L.	nst)						2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
F	CORENCE	PA	SS					1993	TEAR	9:25 A.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTI	IPLACE (State or Foreign
213-60-0926	1 M 2 XF	84	YRS.	MONTHS DAYS	HOURS	mere.	JUNE 8,1	1909		MARYLAND
9a. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE			JNTY OF E	DEATH
PIKESVILLE NUR				PIKES	VILLE			BALTIMORE		
RESIDENCE OF DECEDENT		I 400 CIT	TY, TOWN OR LOC	471041						
MARYLAND			LTIMORE						10d. INSIDE CITY LIMITS?	
104. STREET AND NUMBER	Dir		IOT. ZIP COD	- 1		I		1 X YES 2 NO		
2500 W. BELVEDI	א. שער שמי	DT 9∩8		100	212	_		10g. CI	IZEN OF	WHAT COUNTRY?
11. MARITAL STATUS		NT EVER IN U.S. AR	MED	40 900 0			IIC ORIOIN? (Specity Ye		US	
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	1 YES 2 N	NO	il yes,		n, Maxica	n, Puerto Rican, etc.)	e or No-	Spec	E — American Indien, k, White, etc. #y: ITE
15. DECEDENT'S	EDUCATION			USUAL OCCUPA			16b. KIND OF BU	JSINESS/IN		2.2.2
(Specify only highest g Elementary/Secondary (0-12)	rade completed) College (1-4 or 8	+) life.	. Do NOT u	work done during i ise retired.)	most of workli	ng				
12			USEW	IFE			AT HOME	3		
17. FATHER'S NAME (First, Middle, Last,							ME (First, Middle, Maider	n Surname)		
SAMUEL A.	KEISER					ESTH	ER S	CHUNI	CK	
19a. INFORMANT'S NAME (Type/Print)		191	b. MAJLING	ADDRESS (Stree	t and Number	or Rural F	Route Number, City or Tox	wn, State, Z	ip Code)	
MRS. LOIS SINAR			5 PC	MONA WE	ST. A	PT.	9 BALTO	MD	2120	8
20a. METHOD OF DISPOSITION	Senoval from State	20b. PLACE / cemetery, cre	AND DATE	OF DISPOSITION				OCATION -	- City or To	own, State
4 Donation 5 Other (Specify)				RE_HERR	EW	8/10	/93 RE	ISTER	RSTOW	N, MD
21. SIGNATURE OF PUNERAL SERVICE	LICENBEE	- DAIL	-1-1-17-13-	22. NAME	AND ADDRE		CILITY			
21. SIGNATURE OF PLINERAL SERVICE	au 1	· ·	- L L L''	22. NAME SOL	LEVIN	SON	& BROS., J			01015
23. PART , Enter the diseases, shock or heart falls	au I	LUS at coused the de	eath. Do	SOL 6010	AND ADDRE LEVIN REIS	SON TERT	& BROS., I	BALTC piratory a	rrest,	Approximata Interval Between
23. PART (Enter the diseases.	or complications the	LUS at coused the de	oeth. Do	22. NAME SOL 6010 not enter tha m	AND ADDRE LEVIN REIS	SON TERT	& BROS., I	BALTC piratory a	rrest,	Approximata Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

AUG 1 1 1993

OHMH-16 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	(
	1. OECEOENT'S NAME (First, Middle, Last)			2. DATE OF OEATH DAY	3. TIME OF DEATH					
ļ	Willie C. Ri		IF UNDER 1 YEAR	AUGUST 07, 19	13 06 48 M					
	229-01-1148		F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Magth, Day, Year)	BIRTHPLACE (State or Foreign Country)					
	9s. FACILITY NAME (If not institution, give str	set and number)	9b. CITY, TOWN OR LOCATION OF DI	OF DEATH 9c. COUNTY OF DEATH						
TOR I	Union Memorial Hospital Baltimore City									
DIRECTOR	10s. STATE 10b. COUNTY	10c. CITY,	JOWN OR LOCATION		10d. INSIDE CITY					
	Maryland		PAITIMORE	· 	LIMITS? 1 YES 2 NO					
RAL	10a. STREET AND NUMBER	to Aug	101. ZIP CODE	10g. CITIZER	OF WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes or No	. RACE — American Indian,					
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 NO	If yes, specify Cuban, Mexica 1 TYES 2 NO Specif	in, Puerto Rican, etc.)	Black, White, etc.					
	15. DECEDENT'S EDUC		JSUAL OCCUPATION	16b. KINO OF BUSINESS/INDUS	BIACK					
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		ork done during most of working	Const C	1.12					
MPI		(90Ve	rment	COASIG	UANC					
	17. FATHER'S NAME (Fifet, Middle, Last)	Dicks	18. MOTHER'S NA	ME (First, Middle, Maiden Symphe)	tx					
TO BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural	Pjóute Mumber, City or Town, State, Zio Go	(de) /					
۲	1115. ROSIA	JORDAN 241	[Westwood	AUC. BAID, Y	nd. 2/2/6					
	20s. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State 20b. PLACE AND OATE OF complete, cryspatory or oth	FDISPOSITION (Name of page place)	8/11/ 20c. LOCATION — City	or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICE	:NSEE /	22. NAME AND ADDRESS OFF	CILITY	1 Homes					
1	Joseph	J. Kuse	2222 411	nTh Aller So	Ha Soula 12 K					
	23. PART I. Enter the diseases, or co	omplications that caused the deeth. Do no ist only one cause on each line.	ot enter the mode of dying, suc	h as cerdlec or reepiratory arrest						
	IMMEDIATE CAUSE (Finel	<u> </u>	·		Interval Between Onset and Death					
	resulting in death)	Myocardial Into one to (or as a consequence of)	arca, Acute		130 min					
z		Severe Penpho	ral Vascular	Truease	Chronic					
ATIC	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	OUE TO (OR AS A CONSEQUENCE OF)			~10412					
E S	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEQUENCE OF):	:							
CERTIFICATION	resulting in death) LAST d.									
	PART II. Other eignificant conditions	contributing to deeth but not resulting in	the underlying ceuee given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
DIC	Renal failure	Α Α		1 Y YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
ME	Ho left cerebra	Il vascular accident	*		1 TYES 2 W NO					
PHYSICIAN: MEDICAL	25. WAS CASE REFERED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)						
SIC			OTHER:							
PH	27. MANNER OF OEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME INJUI	OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCUR	EO					
BY	2 Accident Investigation	N/A N/A 28e. PLACE OF INJURY — At home, farm, str		N/A						
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (Specify)	sen, ractory, office	281. LOCATION (Street and Number or I City or Town, State) N//2	Rural Route Number,					
PLE	29s. CERTIFIER (Check only	IAN: To the best of my knowledge, death occurred	at the time, data and place, and due	to the cause(s) and manner as stated.						
OM		On the besis of examination and/or investigation,			suse(s) and manner sa stated.					
BE (296. SIGNATURE AND TITLE OF CERTIFIEN	ed mo	29c. LICENSE NUM		GNED (Minth, Die, Aur)					
9	30 NAME AND AGORESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, F		o include	18/04/93					
	MARIA A. HALSTE	DIMP & UMH			01 16 H					
17	AUG 1 1 1993	32. REGISTRAR'S SIGNATURE								
19	Vod T T 1992	I me news work - Markons								

7		ansit	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physicial	filled in by the funeral director, page 5 should be detached for use as the burial-troion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

,	1. DECEDENT'S NAME (First	DECEDENT'S NAME (FIRST, MICHIEL LAST) B. REYNOLDS								2. DATE OF DEATH NONTH OF DEATH 2:40 P			
	4. SOCIAL SECURITY NUME	BER	5. SEX		s. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		a. BIRTH	IPLACE (State or Foreign
	585-03-2191		1 - M 2 - F	49	YRS.	MONTHS	DAYS	HOURS	MIN.	Annil 6		Count	hington, D.C
		9e. FACILITY NAME (If not institution, give street end number)				9b. CITY	, TOWN	OR LOCATI	ON OF DE		9c. COUNTY OF DEATH		
FUNERAL DIRECTOR	PRINCE GEORGE'S HOSPITAL CENTI				R		CHE	/ERLY			PF	RINCE	GEORGE'S
١	10e. STATE 10b. COUNTY					CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?	
	Maryland 10e. STREET AND NUMBER		ince Geor	rge's		02	7.7	Hill M. ZIP COD			10g. CITIZEN OF W		
٤	550 Wilson			10			United						
	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDER FORCES?	YES 2									E — American Indian, k, White, etc.
	3 X Widowed 4 □ Divo		IF YES, GIVE	MAR OR DATES			1 YES	2 (XNO	Specify	у:		Spec	#y: Black
ان		EDENT'S EDU		164	Give kind of	work done	CCUPATI during me	ON ost of worldi	ng	16b. KIND OF	BUSINESS/IN	IDUSTRY	
COMPLETED	Elementary/Secondary (C 12th	0-12)	College (1-4 or 6	+)	iii. Do NOT u	emplo	yed						
5	17. FATHER'S NAME (First, M	liddle, Last)					-		HER'S NA	ME (First, Middle, Meid	ien Surname)	-	
20	Benjami	in F. H	Blakeney							Claudia G	reenl	ee	
2	19e. INFORMANT'S NAME (19b. MAILING	ADDRESS	S (Street	end Number	or Rural i	Route Number, City or	Town, State, Z	(ip Code)	
-	Mae L.	Johnso	n		3322	Hunt]	ley S	quare	Dr.,	#B2; Templ	e Hills	s, MD	20748
	20e. METHOD OF DISPOSIT 1 N Buriel 2 Crematic 4 Donation 6 Other	on 3 🗆 Reme	oval from State	cemeter	crematory or o	ther place)				B/5/93	LOCATION -		d, MD
	21. SIGNATURE OF UNERA	L SERVICE LIC	CENSEE	1_			-	ND ADDRE	SS OF FA	CILITY			al Home
	Nole	Ti	Slepa	11. 1						Rd., N.E			D.C. 20019
OCULIN IONI IONI	23. PART Anter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or reepiratory arrest, and the property arrest, and th									Onset and Death			
- 11	PART II. Other significa	ort condition	a contributing to	doub but a	ot reculting	In the su			aluan In	Post la uno			
THE STORY	- Sepsi	18	infectalist	6_ ^	iot resulting	ni tria ui	lueriyiii	ig cause	yiven in	PERI	AN AUTOPSY FORMED?	240	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED T	O MEDICAL		-			26 P	LACE OF D	EATH (Ch	eck only one)			
	EXAMINER?		HOSPITAL:	FR/Outpetie	M 3 □ DOA	OTHE	R:			6 Other (Specify)		4.7	
	27. MANNER OF DEATH 1 Natural 5	Pending	28e. DATE Of (Month, I	INJURY	28b, TIN		28c, IN.	JURY AT ORK?		28d. DESCRIBE HO	W INJURY O	CCURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fact building, etc. (Specify)							1 YES 2 NO 19, office 281. LOCATION (Street and Number or Rural Route Number, City or Yourn, State)					Route Number,
	one) —									to the cause(e) end :			e) end menner as stated.
	29b. SIGNATURE AND TITLE		Kupinde	0	MDR	eside	t	# 1		44000	•	8/4	(Month, Day, Year)
	Rupinder Si	ingh,	O COMPLETED CAU	SE OF DEATH	3001	Hos	Prin pita	ce G	eorg	e's Hospi Cheverly	tal C , Mar	ente: ylan	d 20785
4	31. DATE FILED (Month, Day, AUG 1 1	1993	Julia Ja	AR'S SIGNATU	andell							6	

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he attending physician and completely filled in by the funeral director, page 5 should be detached for use		
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	1 - STATE REGISTRAR	STATE OF MARYLAND /		MENT OF HI		D MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Loss				MO	TE OF DEATH	. /	YEAR 3.1	TIME OF DEATH
		5. SEX 6. AGE (In yrs. less	YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS HOURS MIN	7. DAT (Mo	E OF BIRTH with, Day, Year)	59 W	country) Jashir	os (State or Foreign
OR	Kensington Gardens	·	96	Kensi		DEATH			Y OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION	ON			MOHI	gomer	. INSIDE CITY
		re George's	Oxon	Hill					- 1 -	LIMITS? YES 2 NO
RAL	10a. STREET AND NUMBER 10f. ZIP CODE tog. CITIZEN									
UNE		2. WAS DECEDENT EVER IN U.S. ARI		t3. WAS DECE	20745 NDENT OF NIS	PANIC ORIG	SIN? (Specify Yes		ed St	Imerican Indian, lite, etc.
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? t YES 2 XN IF YES, GIVE WAR OR DATES		If yes, spec	offy Cuban, Max	dcan, Puart solfy:	o Rican, etc.)		Specify:	ack
COMPLETED			CEDENT'S USI ve kind of work Do NOT use re	JAL OCCUPATION done during most tired.)	of working	1	6b. KIND OF BUS	INESS/INDUS		
OMP	12 t7. FATHER'S NAME (First, Middle, Lest)	& A	cohol	Abuse	Counse		, Middle, Maiden	Sumama)		
BE C	James E. McCa.	lip	7				Liza		on	
0	t9s. INFORMANT'S NAME (Type/Print)						mber, City or Town			89029
	Vivian Scott 20a, METHOD OF DISPOSITION	20h PLACEA		Need		-	#61D,	Laugh		
	1 N Burial 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	cemetery, crer	natory or other.	placal			/10/93			ATTEN OF
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE TIT		STEW?	ART FU	FACILITY JNERA	AL HOM	E		
	PART I. Enter the diseases, pr cor	inplications that caused the dest only one cause on each line.	eth. Do not	enter the mod	e of dying, a	uch aa ca	N.E.	Washii atory arrea	naton t,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	STroke	- Ce	relie	llar	1	enta	ret	9	Onset and Deeth 3 WKS
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AL CE	PART ii. Other algnificent conditions	contributing to death but not re	euiting in t	ne underlying	cause given	in Pert i.	1 24s. WAS AN	NUTOPSY	24b. WER	E AUTOPSY FINDINGS
EDICA							t YES 2	MED?	AWA	LABLE PRIOR TO PLETION OF CAUSE DEATH?
PHYSICIAN: MEDIC		M							10	YES 2 NO
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HYSI		☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ 28s. DATE OF INJURY	DOA 4			-				
BY PI	t Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WOR t YE	K?	20d. D	EŞCRIBE HOW IN	JURY OCCUP	RED	
	1 280 PLACE DE IN ILIBY - At home form about factors office								Number,	
COMPLETED		N: To the best of my knowledge, dea								manner as etaled
w li	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE N			29d. DATE, S		
TO B	Hoxel M.	Jape, MC),		122	08-	- D.C.	▶8.	-04	-93
	30. NAMÉ AND ADDRESS OF PERSON WHO C	CAPITO	27) (Type, Prin	T. N.	ε .	WA	5 //11	vg to	7, D.	C 2000
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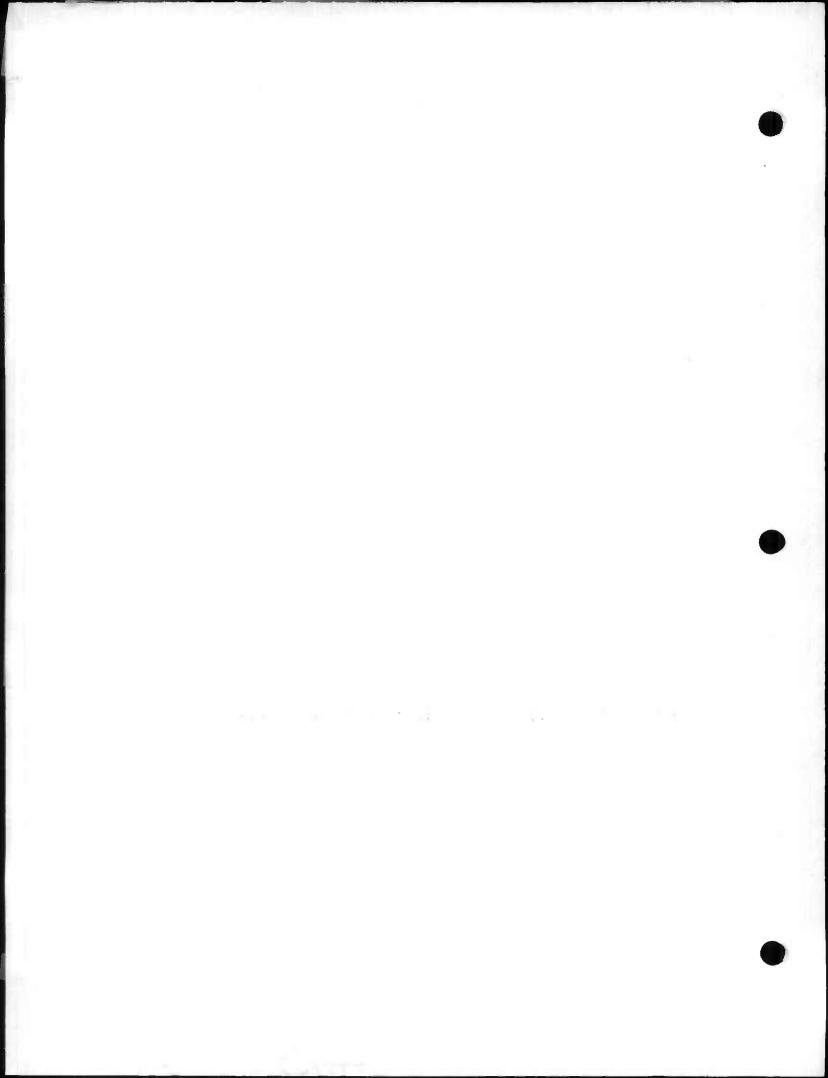
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATN Frank B. Reina 08-09-1993 9:15 P. M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
(Month, pay, 1647)
08-08-1915 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 214-26-8762 HOURS Baltimore, Md. 15 M 2 | F 78 YRS. 9a. FACILITY NAME (If not institution, give street and number 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2800 Dillon Street Baltimore City N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 N YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2800 Dillon Street 21224 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Ri IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White WII COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Barber Alameda Enterprises once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Vito Reina Fredia Shanty 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alverta Thelma Reina 2800 Dillon Street, Baltimore, Maryland 21224 ě 20a. METHOD OF DISPOSITION
1 ☆ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Bust Oak Lawn Cemetery Donation 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. alplus 6415 Belair Road, Baltimore, Maryland 21206 23. PART I: Exter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, medicai Approximate shock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the state disease or condition resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) Austote Coverisono MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUE if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Kirschesm COMPLETION DF CAUSE 1 YES 2 100 23 shows 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ne 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED IMPORTANT: If item 28 is marked, 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 5 Could not be 4 Nomicide 29s. CERTIFIER
(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examin m, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. Attending BE 29d. DATE SIGNED (Month, Day, Year) 2 Marvin Feldman, M.D., 301 St. Paul Place, Suite #212, Baltimore, Maryland 21202 32. REGISTRAR'S SIGNATURE

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	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should with the State Debt. of Health and Memial Hydiene prior to burial, cremation, or removal.	
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I. SOCIAL SECURITY NUMBER	a, sex	6. AQE (In yrs. leaf i	birthdayl		H I YEAR	IF UNDER	24 MIS.	7. DATE O	st 7,	133.	**********	HPLACE (State or Foreign
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Maryland Alle	egany Co		Ct	mbe	rla	nd						1 7 YES 2 1 HO
On STREET AND NUMBER					100	. ZIP CODE				10g, CIT		WHAT COUNTRY?
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18. DECEDENT'S ED	The second secon	y 56-57		USUAL C	COURATI/	\N		145.1	IND OF BU!	t the Reference	VIGTOR	White
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Elaxander Re	itz	` 				Jen	1 V A	nde	son			
10. INFORMANT'S NAME (Type/Frint)		190.	MAILING	ADDRES	9 (Street a				City or low	n, State, Zic	Code)	
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ea. METHOD OF DISPOSITION	novel from State	20b. PLACE AN				ime of		DATE	26c. LO	CATION -	City or To	own, 8144e
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to bring the properties of second death with the Comp	the med within it hours are upon that he care copt, or regard and herein a hyperc proving contract, or remove. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ATTE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 30 hours after death with the Crea Date of Martin and Martin Humans make to build presenting to committee	28
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93 23274 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIEN	_	23274
	1. DECEDENT'S NAME (First, Middle, Last)	ROSE				2. DATE OF DEATH DO		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 159-07-0775	5. SEX 6. AGE (In)	yrs. lest birthday) IF U	NOER : YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFITH (Month, Day, Year) MAR. 15,	Cos	THPLACE (State or Foreign intry) PENNSYLVANIA
OR	90. FACILITY NAME (If not institution, give etc. JEWISH CONVALES			BALTII	NORE		9c. COUNTY OF	DEATH FIMORE
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND		10c. CITY, TO	WN OR LOCAT BALTII				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		100000	101	ZIP CODE		10g. CITIZEN O	1 X YES 2 NO
FUNERAL	2500 W. BELVED	DERE AVE, APT.			2121		US	
ВҰ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2X NO		city Cuben, Mexic	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:	BI	ICE — American Indian, sock, White, etc. ecity:
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION 19 completed)	6a. DECEDENT'S USU/ (Give kind of work of life. Do NOT use retir	AL OCCUPATIO	N st of working	166. KIND OF BUS	SINESS/INDUSTRY	1.120.00.00
IPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		SEWIFE		AT H	OME	
	17. FATHER'S NAME (First, Middle, Last) YITZHOK MAYER WA	SSERMAN	1631			AME (First, Middle, Maiden KNOWN	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, City or Town		
	MR IRVING ROSENT		8 I			PT. 2 BALT	IMORE, I	
	1 Transport 1 Donation 2 Cremation 3 Removed 4 Donation 6 Other (Specify)		SHARON			8-10-93 SP		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Jews				SON & BROS		RE, MD 21215
	23. PART Is Enter the diseases, or co	7 7 7	he deeth. Do not e					Approximate
	IMMEDIATE CAUSE (Finel disease or condition	A. T	0	- 1		0 1		Onset and Death
	resulting in death)	DUE TO (OR AS A C	ONSEQUENCE OF):	20ne	monny	avnest ula dis		Trinues
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CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (CI	neck only one)		
SIC		HOSPITAL: 1 Inpatient 2 EFI/Outpatie		HER:		6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED	
ED	2 Accident investigation 3 Suicide a Could not be determined	28e, PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	, factory, office		28f. LOCATION (Street e City or Town, State)	and Number or Run	of Route Number,
COMPLET		IAN: To the best of my knowled						e(e) end menner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ren W)	n gjila		29c. LICENSE NU	MBER 775	29d, DATE SIGN	ED (Month, Day, Year)
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1	31. DATE FILED (Month) Day, 16ar) AUG 1 1 1993	32. REGISTRAR'S SIGNATURE SUILE DEVILOR A	andell				.,,,	7

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TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

al or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1		
stained by the nospi	should be detached		otified at once.
n. rage o may be n	eral director, page 5		miner must be noti
24 Irours ditel beat	MEBAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funn	tion, or removal.	the medical exar
o executed within	ician and completel	rior to burial, crema	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medic
nie neam ceimican	y the attending phys	nd Mental Hygiene p	Injury, or other
sic law requires tries	has been signed b	e Dept, of Health ar	m 23 shows any
DING PRISICIAN.	After this certificate	In the state of 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bu	s marked, or ite,
TIME ON ALIEN	EBAL DIRECTOR:	II 72 hours after	IT: If Item 28 is
		開催の	MPORTAR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPART ERTIFIC	MENT O	OF H	EALTH AND N	NEN'	TAL HYGIEN	£ 93	3 2	23275
1. DECEDENT'S HAME (First, Middle, La	st)							ATE OF DEATH			3. TIME OF DEATH
Bertha	Α.			R_{O}	eh	1	MC	ugust 1	0. 1	993	9:00am M
4. SOCIAL SECURITY HUMBER	5. SEX 6.	AGE (In yrs. las		IF UNDER 1 YE	_	IF UNDER 24 HRS.	7 D4	TE OF BIRTH	, –	6. BIRTH	PLACE (State or Foreign
218-48-4317	1 □ M 2 💢 F	76	YRS.	ONTHS D	AYS	HOURS MIN.	10	0-13-16		Md	•
9e. FACILITY NAME (If not inetitution, give				b. CITY, TO	WN C	R LOCATION OF DE	ATH		9c. COUI	NTY OF D	EATH
Maryland G	General Hosp	ital			В	altimore	Ci	ty			
RESIDENCE OF DECEDENT 10a. STATE 10b. COU			100 CITY	TOWN OR L	OCAT	101					
											10d. IHSIDE CITY LIMITS?
Md . 10e. STREET AND HUMBER			Ba	1timc	7	ZIP CODE					1 YES 2 ☐ HO
	b B				101						/HAT COUNTRY?
318 S. Collin	12. WAS DECEDENT E	1450 HILLS A.				21231				SA	
1 Never Merried 2 Merried	FORCES? 1	YES 2 X	MED IO	If ye	s, sp	EHDENT OF HISPAHI ecify Cuben, Mexicen	ı, Puei	IGIN? (Specify Year nto Rican, atc.)	or Ho-	14. RACE Black	— American Indian, , White, etc.
\$□ Widowed 4 □ Divorced	IF YES, GIVE WAR	OR DATES		1 🗆	YES	2 NO Specify:			- 1	Speci	White
15. DECEDENT'S E (Specify only highest on	DUCATIOH	16e. OE	CEDENT'S U	SUAL OCCU	PATIC	OH .		16b. KIHD OF BUS	INESS/IHD	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	be kind of wo Do NOT use	retired.)	ng mo	st or working					
6		Но	memak	er							
17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S HAME (First, Middle, Maiden Surname)							
Frank Grache	owski					Marga	ret	Gardyz	a		
19e. IHFORMANT'S NAME (Type/Print)		191	. MAILING A	DDRESS (St	reat a	nd Number or Rural R				Code)	
Margaret Simp	oson	31	8 S.	Colli	ino	ton Ave.	Ва	altimore	, Md	. 21	231
20e. METHOD OF DISPOSITION 17 Burlal 2 Cremetion 3 R	emoval from State	20b. PLACE	ND DATE OF	DISPOSITIO			_	ATE 20c. LO			
4 Donetlon 5 Other (Specify)		Sc. He	eart c	f Jes	sus	Cemeter	y 8	3/14 Ba	ltim	ore,	Md.
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	ler		Da	ivi	d J. Web	er	Funeral	. Hom	е	
23. PART 4. Enter the diseases, c	or compileations that or	arrand the de	oth Da sa			S. Chest					
shock, or heart feilur IMMEDIATE CAUSE (Final	e. Liet Dniy Dne ceuse	on each line		enter the	mo	de of dying, such	as c	erdiec or respi	ratory arr	est,	Approximate Interval Between Onset and Death
disease or condition	Meta	static	carc	inoma	0	f the lur	10				Onset and Death
resulting in death)		AS A CONSEC					-0				-
_	-		,								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OF	AS A CONSEC	UENCE OF):								
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	DUE TO (OR AS A CONSEQUENCE OF):									
PART ii. Other significant conditi	iona contributing to de	ath but not r	eaulting in	the under	fying	cause given in F	Part i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
											1 TYES 2 HO

				TI YES 2 LAND	OF DEATH? 1 YES 2 HO		
. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)			
EXAMINER? 1 YES 2 X NO	HOSPITAL: XXinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Soecity)						
MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF IHJURY					
Suicide 6 Could not be learninged butteling, etc. (Specify)			actory, office	281. LOCATIOH (Street and Number or Rural Route Number, City or Town, Stete)			

1 😾 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee stated.

2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER

			0								
0.	NAME	AND	ADDRESS	OF	PERSON	WHO	COMPLETED	CAUSE	OF	DEATH (ITEM 27) (Type, P	rint)

c/o Maryland General Hospital

089209 Hosp NO.▶

Josephine Waite, M.D. 32. REGISTRAR'S SIGNATURE 29d. DATE SIONED (Month, Day, Year)

8/10/93

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MARYL		MENT OF I		MENTA	L HYGIEN	E				
1. DECEDENT'S NAME (First, M	fiddle Last)					2, DATE	OF DEATH			3. TIM	E OF DEA	TH
J ROE	And	(new)	mitte			MONT.	H D	AY Q	YEAR		9 12	
4. SOCIAL SECURITY NUMBER	9 5	SEX 6. AGE	(in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		s. BIRTH	PLACE	(State or F	Foreign
218-10-6627 90. FACILITY NAME (If not instit		Dar 2 D F	10 YRS.	MONTHS DAYS	HOURS MIN.	Jan	7, 1	903	Balt	, imc	ore,	11172
C 11 /-	RM	•		0	OR LOCATION OF D			Ba. COUN			0-12-16	5
	Ob. COUNTY	-	10c. CITY,	TOWN OR LOCA	TION					10d. II	SIDE CIT	Y
10e, STREET AND NUMBER	BAC	more	R BAI	,7mo						10	YES 2	
- 0	SERVI	orr ST			21217			10g. CITIZ USA	EN OF W	/HAT C	DUNTRY?	
11. MARITAL STATUS	-	2. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	f? (Specify Yes	or No-	14. RACE	- Am	erican Ind	ian,
1 Never Married 2 M 3 Widowed 4 Divorce	and the second second	IF YES, GIVE WAR OR D	2 NO ATES		ecify Cuban, Maxic 2 NO Speci		Rican, atc.)		Specia	, White	, alc.	
15. DECED	ENT'S EDUCAT	TON	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b	KIND OF BUS	SINESS/INDU	ISTRY	30	Cu	
Elementary/Secondary (0-12		College (1-4 or 5+)	life. Do NOT use									
12th Grade 17. FATHER'S NAME (First, Midd	(for disease)		Mainten	ance Ma			RCA					
					18. MOTNER'S NA			Sumame)				
James Wilson 198. INFORMANT'S NAME (Type			19b. MAILING	ADDRESS (Street a	Alice			n, State, Zip (Code)			
Chlorice War	re		1		r_St. Ba					121	~7	
20s. METHOD OF DISPOSITION	3 - Remova	I from State 20b	. PLACE AND DATE Of	DISPOSITION		DAT		CATION — C		-		
4 Donetion 5 Other (S) 21. SIGNATURE OF FUNERAL S			4t. Calva	ry Ceme	tery	8/1	O Ann	a Aru	nde1		. N	D
► H l	SERVICE LICEN	E. Sut	to		Gwynns F	I	Nutter					
23. PART I. Enter the dise	eses, or com	pilcetions that coused	the death. Do no							-	Dproxim	
shock, or hear	rt fellure. Lie	t only one ceuse on e	ech line.							10	nterval B	etween
disease or condition resulting in death)		CARIO	PULM	Alma A	N	AN	LIEST	•		1	711001 011	u Destii
resulting in death)		DUE TO (OR AS A	CONSEQUENCE OF)	0 4 4 1 4			9100 1			+		-
Sequentially list condition		DUE TO (OR AS A	CONSEQUENCE OF)									
if any, leeding to immedia cause. Enter UNDERLYING	3		on occordence or).							İ		
CAUSE (Disease or Injury that initiated events		DUE TO (OR AS A	CONSEQUENCE OF)							+		
resulting in death) LAST	d											
PART II. Other eignificent	conditions c	ontributing to deeth b	ut not reculting in	the underlying	- cours show to	Deat I						
		on a decirio	at, not resulting in	the underlying	A cansa diseu iu	Part I.	24a. WAS AN PERFOR	MEDO		AVAILAI	UTOPSY F BLE PRIOR ETION OF	TO
				26.	- 1	_	1 TYES 2	□ NO		OF DEA		CAUSE
										1 🗌 Y	ES 2 🗌	NO
25. WAS CASE REFERRED TO N	MEDICAL			26. PL	ACE OF OEATH (Ch	heck only on	e)					-
EXAMINER? 1 YES 2 NO		OSPITAL: Inpatient 2 ER/Outp		OTHER:	e 5 🗆 Residence							\neg
27. MANNER OF DEATN	/	26a. DATE OF INJURY	28b. TIME	OF 26c. INJ	URY AT		CRIBE NOW II	JURY OCCU	IRED			-
	nding estigation	(Month, Day, Year)	INJU		RK7 YES 2 NO							- {
3 Suicide 6 Co	uld not be	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, offic		28f. LOCA	ATION (Street a or Town, State)	nd Number o	r Rural A	oute Nu	mber,	
4 Homicide det	ermined											
		N: To the best of my knowl On the basis of axemination								and m	nner as s	tated.
29h 19 GNATURE AND THILE OF		7.4		70	29c. LICENSE RW		110	29d. DATE				
Runh	m	am M	1271	6 len	Den D)		▶ %	- 5	_	97	
30. HAME AND ADDRESS OF PE	ERSON WNO C	OMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, F	Print)					J		٧ ٧	
31. DATE FILED (Month, Day, Yea	r)	32. BEGISTRAR'S SIGNA	ATURE	_								
AUG 11		32. BEGISTRAR'S SIGNA	n-Randell									- 1

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1 1993

93 23277 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Jesse Simmons 8 955 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 245-22-8438 (Month, Day, Year) 4/3/25 68 1 M 2 D F YRS CANDOR, C N. 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BVAMC Baltimore RESIDENCE OF DECEDENT 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2503 Violet Ave. 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced If yee, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: BY Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KINO OF BUSINESS/INDUSTRY intery/Secondary (0-12) College (1-4 or 5+) ENGINERING COMPANY 12 TRUCK DRIVER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN HINES BELLA SIMMONS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ERNEST SIMMONS CALLOW AVE. BALT. 2313 MD.21217 20s. METHOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name of 8 - 13 - 93 ATE 20c. LOCATION — City or Town, State GARRISON FOREST VET. CEM. OWINGS MILLS MD. 21. SIGNATURE OF EUNERAL SERVICE LICEM 22. NAME AND ADDRESS OF FACILITY NUTTER FUN. HOME 21216 2501 GWYNNS FALLS PKWAY BALT. MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Septic Shock
DUE TO (OR AS A CONSEQUENCE OF): 2 weeks resulting in death) lostridial Infection CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER (Check and CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: B 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
Julia Davidon Randalla

DHMH-16 Rev 1/89

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	MENT OF H	IEALTH AND	MENTAI	L HYGIEN	_	33	232	118
	1. DECEDENT'S NAME (First, Middle, Last) ANTHONY		5	SINKFII	ELD	2. DATE MONTH 08	OF DEATH		TEAR 3.	7:00	Р м
	4. SOCIAL SECURITY NUMBER 579-74-4732	1 ☑ M 2 □ F 38	8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	3-3(OF BIRTH D. Day, Year)	8.	BIRTHPL Country)	D.C.	-
TOR	9a. FACILITY NAME (If not institution, give structure) I - 295 northboursesidence of decedent			96. CITY, TOWN C	HEAD	EATH		9c. COUNTY PRIN		TH GEORG	SES
FUNERAL DIRECTOR	Maryland Princ			mple Hi						d. INSIDE CIT LIMITS?	
NERAL	3454 Brinkley Road			100	20748	}				tates	
B	11. MARITAL STATUS 1 Never Married 2 📉 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 1 YES :	2 X NO	If yea, sp	CENDENT OF HISPAN Healty Cuban, Maxica 2 X NO Specify	en, Puerto F	? (Specify Yea lican, etc.)		Specify:	American Inc	dian,
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	CATION 16 completed) College (1-4 or 5+)	Ille. Do NOT use i	ork done during mo	ON st of working	16b.	Priva	SINESS/INDUS			
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles Washingto	n			16. MOTHER'S NA Irma		Sinkf				
TO B	19a. INFORMANT'S NAME (Type/Print) Michelle Matthews	Sinkfield	19b. MAILING AF 3454 B	poress (Street a	nnd Number or Rural F 7 Road #2	Poute Numb	or, City or Town Temple	, State, Zip Co	s, Mo	i.	
	28e. METHOD OF DISPOSITION 1	Was	LACE AND DATE OF Pry cremetory or othe Shington	DISPOSITION (Ne Natior	ame of nal Cemet	DATE	20c. LOC 8/10/9	CATION — CIR	or Town,	stata nd, Md	i.
	21. SIGNATURE OF FUNERAL SERVICE-CICE	Stewart	711	STEWA 4001	RT FUNER Benning	RAL H	OME N.E.,	Wash	. D.C		
	23. BART I. Enter the diseases, or conshort alliure. Li	DIE TO (OR AS A CC	L H. B	t enter the mod	de of dying, auci	-		atory arread	ί,	Approxin Interval t Onset an	Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):								
	PART II. Other significent conditions	contributing to death but	ant moulting in	the wederlying		2			1		
PHYSICIAN: MEDICAL		tominating to toom was	not resulting to	the underlying	Couse given an	Part I.	24a. WAS AN A PERFORM	MED?	CO OF	RE AUTOPSY I MLABLE PRIOF MPLETION OF DEATH? YES 2	R TO CAUSE
CIA		HOSPITAL:		THER:	ACE OF DEATH (Che						
IXSI		1 Inpetiant 2 ER/Outpatie	ent 3 DOA 4	☐ Nursing Home	e 5 🗆 Residence	6 OXOther	(Specify) MI	EDIAN	STI	RIP	
	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 08/02/93	20b. TIME C INJUR 4:30	OF 28c. INJU	URY AT PRK? YES 2 NO	28d. DEŞ	CRIBE HOW IN	JURY OCCUR	REO		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY -	At home, farm, stre			28f. LOCA	SSENGE				ECTEL
ETEC	4 Homicide detarmined	building, etc. (Specify)	HIGHW			I - 2	295 N		ND I		co.
COMPLETED	2 MEDICAL EXAMINER:	IAN: To the beat of my knowledg							euse(a) an	d manner as	stated.
#	29b SGNATURE AND TITLE OF CERTIFIED	ako M)		29c. LICENSE NUM					nth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	- A. A			, Balti		- Mai			21201	
3	31. DATE FILED (Morith, Day, Year) AUG 1 1 1993	32. REGISTRAR'S SIGNATU	JRE				7 1101	. ,	<u>u .</u>	11201	

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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the country after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITENDING PHYSICIAN: The law requires that the death certificate be executed v	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
NO	TO THE HOSPITAL OR .	TO THE FUNERAL DIRE be filed within 72 hours

	1. DECEDENT'S NAME (First, Middle, Last)			0.44 0	• 41.		2. DATE MONTH	OF OEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5, SEX	romas	rs. last birthday)	mith IF UNDER 1 YEAR		_		18	93	11:33 p
	217-01-4030	1 🗶 M 2 🗌 F			MONTHS DAYS	HOURS MIN.	(Month	OF BIRTH 1. Day, Year) 1 5 - 1 9	12	Countr	PLACE (State or Fore V) Cryland
OR	9a. FACILITY NAME (If not institution, give Francis Scott K		al Cen	ter		or Location of D timore C			9c, COU	NTY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE Maryland 100. COUNTY	Baltimo	ore	10c, CITY	, TOWN OR LOCA		emere	2,			10d. INSIDE CITY LIMITS? 1 YES 2/CXN
FUNERAL	3012 Sparrows F	Point Road	d		1	Of. ZIP CODE	2127	19	10g. CIT		vhat country? ted State
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	2)(NO	If yes, s	CENDENT OF HISPA pecify Cuben, Maxica S 2 2 NO Specia	an, Puarlo F		or No—	14. RACE Black Speci	- American Indian k, Whita, atc. lly: White
ETED.	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)				ork done during m retired.)	nost of working	1000	KIND OF BU			
COMPL	7th Grade			Time Ke	eper Po	ay Master	_			Stee	e Corp.
BE CO	17. FATHER'S NAME (First, Middle, Lest) Frnest Smith					16. MOTHER'S NA Elizak					
10	19a. INFORMANT'S NAME (Type/Print) Wish Ruth B. Sn					and Number or Rural NS Point					ryland 2
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	movel from State		ACEAND DATEO		cem. 8/1	11/93		Balti		, Maryla
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk, Maryland										
	23. PART I. Enter the diseases, or				792	2 Wise Au	10.	Dundal	Ck, M	aryl	and 212:
RTIFICATION	23. PART i. Enter the diseases, or shock, or heert feilure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Over the control of the control o	es fu jor as a co van jor as a co	ilne.	992 ot anter the m but 6	2 Wise Au	Je. ch as card	Dundal	Ck, M	aryl	alk, Inc. and 212 Approximatintarval Bet Onset and I
DICAL CERTIFI	shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Out on one cere out on one cere out on out of ou	PS FCI OR AS A CO O (OR AS A CO	onsequence of	792 ot anter the m but 6 iller	2 Wise Ar ode of dying, such technical	ve. ord	Dundal	AUTOPSY	aryl	Approximatinterval Bet Onset and I
MEDICAL CERTIFI	shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions	a. Out on one cere out on one cere out on out of ou	PS FCI OR AS A CO O (OR AS A CO	onsequence of	ot anter tha m	2 Wise Avoid of dying, such the level of the	De on as card	Dundal flac or reepi 24a. WAS AN PERFOR 1 YES 2	AUTOPSY	aryl	Approximatinterval Bet Onset and I
SICIAN: MEDICAL CERTIFI	shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OVA DUE TO C. DUE TO C. DUE TO DUE TO DUE TO DUE TO	O (OR AS A CO	INSEQUENCE OF	792 ot anter the m Levit G L	2 Wise Avoid of dying, such participation of dying. Such participation of the property of the	Part I.	Dundal slac or reepi 24a. WAS AN PERFOR 1 UYES 2	AUTOPSY	aryl	Approximatinterval Bet Onset and I
PHYSICIAN: MEDICAL CERTIFI	shock, or heert feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	DUE TO DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	INSEQUENCE OF	792 ot anter the m but 0 : there is othere 28.6 OTHER: 4 Nursing Ho of 28c. W BY 28c. W	2 Wise Avoid of dying, such the level of the	Part I.	Dundal slac or reepi 24a. WAS AN PERFOR 1 UYES 2	AUTOPSY RMEO?	aryl rest,	Approximatinterval Bet Onset and I
ED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a. OUE TO b. DUE TO c. DUE TO d. Ona contributing to	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	onsequence of the sequence of	792 tot anter the m Levit O Levit O There are a second or the underlying to the u	2 Wise Avoid of dying, such that the second of dying, such that the second of dying, such that the second of dying, such that the second of dying and the second of dying and the second of dying and the second of dying and the second of dying and the second of dying and the second of dying and the second of dying and the second of dying and the second of dying, such that	Part I. B Other 2 28t. LOC.	Dundal slac or reepi 24a. WAS AN PERFO! 1 UYES 2	AUTOPSY MEO? I NO NJURY OC	24b	Approximatintarval Bet Onset and I
D BY PHYSICIAN: MEDICAL CERTIFI	shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be 4 Homicide determined	a. OUE TO b. OUE TO c. DUE TO d. ODA HOSPITAL: 1 Inpetient 2 [28a. DATE OF (Month, E) 28a. PLACE Coulding, SICIAN: To the best of	OF INJURY FINJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY	not resulting in the same of t	792 ot anter the m levit of iteration the underlying the state of t	2 Wise Avoid of dying, such ode	Part I. Part I. 2 28t. LOC. City on a to the cause	Dundal Slac or reepi 24a. WAS AN PERFOR 1 YES 2 To (Specify) GCRIBE HOW I ATION (Street or Town, State)	AUTOPSY MEO?	24b CURED CORED	Approximatinterval Bet Onset and Ons

the Trail of the second

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		С		ICATE	OF H	DEAT	ГН	2. DATE	REG. NO			TIME OF DEATH	_
	LUCILLE	SHAW	J						MONT		"1993 ["]	YEAR 9	:37 P	M
	4. SOCIAL SECURITY NUMBER 25 1- 32 - 64H1	5. SEX 1 M 2 F	6. AGE (In yrs. le	st birthday) YRS.	IF UNDER 1 Y	PAYS	IF UNDER	24 HRS. MIN.		OF BIRTH				
_	9a. FACILITY NAME (If not institution, give	,			9b. CITY, TO	OWN C	OR LOCATI	ON OF DE	ATH		9c. COUNT			
5	THE JOHNS HOPK	INS HOSPI	TAL	BALTIMORE						BALTIMO			RE CITY	
DIRECTOR	10a. STATE 10b. COUNT	TY		10c, CIT	Y, TOWN OR	LOCAT	ION						d. INSIDE CITY	
	Md 10e. STREET AND NUMBER						more						YES 2 NO	
FUNERAL	1323 Enso		21202					12		10g. CITIZE	U.S			
S	11. MARITAL STATUS	or St.	T EVER IN U.S. AI	IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC OR					VIC ORIGIN	I? (Specify Yes	or No — 14		• A • American Indian, hits, atc.	_
BY F	1 Never Married 2 Married 3	IF YES, GIVE W	YES 2 THE OR DATES	MO	II yes, specify Cuban, Maxican, Puerto 1 ☐ YES 2 ☑ NO Specify:					Rican, etc.)		Specify:		
ED	15. DECEDENT'S EDU	JCATION				USUAL OCCUPATION 16b. KING					SINESS/INDUS	Bla	СК	_
	(Specify only highest grad	e completed) College (1-4 or 5 +	- 105	Do NOT u				rg						
COMPLET				Hot	useke	ep				Sina		ospi	tal	
E COM	17. FATHER'S NAME (First, Middle, Last) HENRY CO	AX4m						HER'S NAI NM a	ME (First, i	Middle, Maiden	Surname)	4	OFFN	
	19a. INFORMANT'S NAME (Type/Print)	Z N N I''	115	b. MAILING	ADDRESS (S	Street a			Route Num	ber, City or Tow	n, State, Zip Co		orry	_
2	Louis Coaxu	ım	2	017	Dorc	he	stei	Rd	d, M	idwes	t Cit	ту,О	к.73130	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ran	noval from State	20b. PLACE cemetery, cri		OF DISPOSITION (CONTRACT)	ON (Na	me of		87	1 2 20c. LO	CATION — CIT	y or Town,	State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NA	ME AN	D ADDRES	SS OF FAC	FACILITY				_	
	Potto Fund	aral How								- CT	Dalla	• M	a 01010	
	Betts Fund 23. PART I. Enter the diseases, or	complications the	t caused tha d	eath. Do	not enter th	e mo	de of dyl	ing, auci	oline St Balto., Md 2				Approximate	
	shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. A4	en who	n.	heart direct							Interval Betwee		
		DUE TO	(OR AS A CONSE	OUENCE O	F):									
CATION	Sequentially list conditions, if any, isading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):									_
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	(OR AS A CONSE	OUENOE O										
E	that initieted events resulting in death) LAST	4	ON AS A CONSE	OUENCE O	*):									i
DICAL CE	PART II. Other significant condition	ns contributing to	death but not	roculting	In the unde	eli de e			nui I					
- S	Hosetensia	- Contributing to	deeth but not	resulting	in the unde	riying	g cause g	jiven in	Part I.	PERFOR	IMED?	AWA	RE AUTOPSY FINDING JLABLE PRIOR TO MPLETION OF CAUSE	5
MEDICA	W								_	1 TYES 2	Artio		DEATH?	
													3 1-9 - 0 119	
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	,		OTHER:	28. PL	ACE OF D	EATH (Che	ock only on	0)				
HYS	1 YES 21 NO 27. MANNER OF DEATH	1 Inpetient 2 5		28b, TIN	4 - Nursing		e 5 🗆 Re	sidence				250		_
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Di			JURY	WOI] NO	200. DE	CRIBE HOW I	NJURY OCCUI	TED		
0	3 Suicide 8 Could not be	28s. PLACE Of building,	F INJURY — At he	me, farm,	street, factory,	office			28f. LOC	ATION (Street or Town, State)	and Number or	Rural Route	Number,	-
H	4 Homicide determined								0.1,	or rown, ottato)				
ם	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI												d manner as stated.	
O BE CON	296. SIGNATURE AND TITLE OF CERTIFIE	- MZ					29c. LICE	NSE NUM	IBER		29d. DATE S	IGNED (MO	nth. Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WAS	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	Print)	~ L	1	A.	how		2 2	201	-	

A. 1 - F -

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or teem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN		20201
7	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH		3. TIME OF OEATH
	ALEXANDER		STARK			AUGUST 5,	1993 YEA	12:35 P M
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BI	IRTHPLACE (State or Foreign puntry)
	215-05-3495 9a. FACILITY NAME (If not institution, give :	1 x x 2 0 F 76	YRS.			JAN 19,19	17 MA	RYLAND
Œ	THE JOHNS HOPI				ORE CIT		9c. COUNTY O	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT			DALIII	TORE CIT	1	<u> </u>	
IRE	10a. STATE 10b. COUNT	A	10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER			BALTI				1 X YES 2 NO
RA	5809 BERKELEY AV	ENTE		10f	21215		10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes	or No.— 14 B	USA
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 XES	2 NO	If yea, apo	cify Cuban, Maxica	n, Puerto Rican, etc.)	8	Nack, White, atc.
		WWII NA						MHITE
ETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done durina ma:	on st of working	16b. KIND OF BU	SINESS/INDUSTR	Y
IPLI	Elementary/Secondary (U-12)	Coffege (1-4 or 5 +) 5+		ORNEY		AT	LAW	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) SAMUEL S. STARK				18. MOTHER'S NA	THER HECKE	Syrname)	
BE						THER HECKE	K	
0	"MRS FRANCES STAR	K	196. WALLING	BERELE	Y "AVE" BA	L'TIMORE," M	DState Zio Carlo	J
	26a. METHOD OF DISPOSITION	- Luc				21215		
	1 (XBurlet 2 □ Cremation 3 □ Reset 4 □ Donation 5 □ Other (Specific		PLACE AND DATE O			8-8-93	CATION — City o	RSTOWN, MD
	21. BIGNATURE OF FUNERAL SERVICE LIC					BROS.,		20101117 125
	1 /2							E, MD 21215
П	23. PART Lister the diseases,	pilicetions that ceused	the deeth. Do no					Approximate
1	shock, or heart failure IMMEDIATE CAUSE (Finel	List only one cause on ee	och line.			•	•	Interval Between Onset and Death
	disease or condition resulting in death)	. Acute A	bdom ina	1 Hemo	enrhage			3 hours
		CONTRACT OF THE PARTY OF THE PA			0			
NO.	Sequentielly list conditions,	b. Pancreat DUE TO (OR AS A	CONSEQUENCE OF					6 weeks
CAT	If any, leading to immediate cause. Enter UNDERLYING	c.						
E	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:				
CERTIFICATION	resulting in death) CAST	d						
AL	PART II. Other significent condition	s contributing to deeth bu	it not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
2	Deep venous +	mombosis, is	schemic	bowel		1 YES 2	WED!	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 U YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL							
SCI	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Chi			
Ä	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	,
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? ES 2 NO			
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, st	reet, factory, office		281, LOCATION (Street a City or Town, State)	and Number or Rur	ral Route Number,
E .	An OFFICIAL A							
COMPLETED		CIAN: To the best of my knowle						
8		R: On the basie of examination	and/or investigation	, in my opinion, de	eath occured at the	time, data and placa, an	d dua to the caus	re(a) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	an			29c. LICENSE NUM		29d. DATE SIGN	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type. I	Print)	JHH L	9754	08/0	25/93
	Jeremy Rich	M.D. Jo			Hospita 1	, Baltim	ana Mh	
3 8	31. DATE FILED (Month, Day) Year)	32. REGISTRAR'S SIGNA	TURE			1 -0011111	Grey CD	
10	AUG 1 1 1993	Juna Davidson R	indelle					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL

THE WILLIAM TO WASHINGTON THE WASHINGTON THE TRANSPORT OF THE WASHINGTON THE WASH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be 61-4 within 25 buries after death with the Cyste, page 5 that had had burial-training principle for the part of Manay Huginan point in burial criminal or named.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death, Page 6 may be retained by the hospital or attending physician.	DIVISION OF VITAL RECORDS, F.O. BOX 90100, BALTIMORE, MARTLAND 21213-0020
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						10/11	- 01	017	* * * * * * * * * * * * * * * * * * * *	REG. P	io.		
	1. DECEDENT'S NAME (First Rita		RUST							2. DATE OF DEATH MONTH AUGUST	8. 1º	YEAR	3. TIME OF DEATH 5:30 A. M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. I	last hirthclay)	IF UNDER	1 YEAR	AE LIMITAE	R 24 HRS.	7. DATE OF BIRTH	0, 1		PLACE (State or Foreign
9	219-32-4344		1 M 2 K F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	34	Country	ryland
	9e. FACILITY NAME (If not in	nstitution, give	street and number)			9b. CITY	96. CITY, TOWN OR LOCATION OF DEATH					INTY OF DE	ATN
OR	925 Wilto		7e					Balt	imor	e		Balti	
5	RESIDENCE OF DEC	10b. COUNT			1 40 . 00								
DIRECTOR	Maryland	100000000000000000000000000000000000000	ltimore		10c. CI	TY, TOWN	OR LOCA		imor	e			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
AL	10e. STREET AND NUMBER			6-11-1			10	1. ZIP COD	Œ		10g. CI1	TIZEN OF W	HAT COUNTRY?
F	925 Wilton	Drive	2					21	227		U.	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Nickey 1 Nover Married 2 1 Nickey 1			NT EVER IN U.S. (I YES 2 A MAR DR DATES	NO NO		If yes, sp	CENDENT Cub	an, Mexica	NIC ORIOIN? (Specify in, Puerto Rican, etc.) y:	Yea or No-	14. RACE Black Specif	- American Indian, White, etc.
COMPLETED	15. DEC	CEDENT'S EDU	JCATION e completed)		DECEDENT'S				ina	18b. KIND DF	BUSINESS/IN	DUSTRY	
Į.	Elementary/Secondary (College (1-4 or 5		ife. Do NOT L	ise retired.)	during IIA	ost or work	Try				
MPL	12			649				hous	ewif	e 1	nousew	vife	
8	17. FATHER'S NAME (First, A	,,	T) [0					18. MOT	HER'S NA	ME (First, Middle, Maid	len Surname)		
BE	William 19a. INFORMANT'S NAME (WILKE	ENS										
5	Edgar Trus									Acute Number, City or altimore,		(p Code)	7
	20a. METHOD OF DISPOSIT 1 ABurial 2 Crematic 4 Donation 5 Other	on 3 🗆 Ren	noval from Stala	cemetery, c	E AND DATE	other place					LOCATION -		
			CENCER	garr	ison			ND ADDRE			vings	MILLS	5, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						UBBA	ARD I	UNEF	RAL HOME, Ave, Bal		MD	21229
	23. PART i. Enter the d	10000	- 1-V		4 -4 0								Approximate
	shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart feliure.	List only one cer	(DR AS A CONS	ne.					of DM.			Interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diata ING ury	c	OR AS A CONS	EOUENCE	<i>)</i> +):	9 V O.	nuz	th	ntry Wis	lus	e	Lofrem
CER	resulting in death) LAS	"	d										
EDICAL	PART II. Other algnifica	ant conditio	na contributing to	deeth but no	t resulting	in the u	nderlyin	g cause	given in	PERI	AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N.													
N S	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	МОСОТА					LACE OF I	DEATN (C	eck only one)			
Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	4 Nu		ne 5 🗆 R	lesidence	6 Other (Specify)			
Y PHYSICIAN:		Pending	26s. DATE Of (Month, I	F INJURY Day, Year)	28b. TII	ME OF	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE NO	W INJURY O	CCURED	
ED BY	2 Accident 3 Suicide 6 4 Nomicide	Investigation Could not be determined	26a. PLACE I building	OF INJURY — At , etc. (Specify)	homa, farm,	street, fac	tory, offic	on.		261. LOCATION (Stre City or Town, St	et and Numbe	er or Aural A	oute Number,
COMPLETED	nmal .									to the cause(s) and			
SON	one) 2 MED	ICAL EXAMIN	ER: On the basis of a	examination and/o	or investigati	lon, in my	opinion,	death occu	ired at the	time, date and place.	and dua to t	the cause(a)	and manner as stated.
TO BE	29b. SIGNATURE AND TITLE		Welle	y L	we	m)	29c. LIC	M 2	MBER . 1512	29d. DA	TE SIGNED	(Month, Day, Year)
	Dr. Jeffre	ey Col	e 344	9 Wilke	ns Av	e, Print)	uite	301	, Ba	ltimore,	MD	21229	
	AUG 1 19	93		AR'S SIGNATURE		4			Т				
		V											



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pabe filled within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been sign be filed within 72 hours after death with the State Dept. of Healt	IMPORTANT: If item 28 is marked, or item 23 shows

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAMO (First, Middle, Lest) 1. DECEDENT'S NAMO (First, Middle, Lest) 1. DECEDENT'S NAMO (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DATH 3. TIME OF DATH 4. DECEDENT'S NAMO (First, Middle, Lest) 4. DECEDENT'S NAMO (First, Middle, Lest) 4. DECEDENT'S NAMO (First, Middle, Lest) 5. DECEDENT'S NAMO (First, Middle, Lest) 5. DECEDENT'S NAMO (First, Middle, Lest) 5. DECEDENT'S NAMO (First, Middle, Lest) 6. DECEDENT'S NAMO (First, Middle, Lest) 7. DECEDENT'S NAMO (First, Middle, Middle, Lest) 7. DECEDENT'S NAMO (First, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D F S SEX 1 D SEX 1 D
TOR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF GEATH RESIDENCE OF DECEMENT 96. COUNTY OF GEATH BIGUITH MORE (III) 96. COUNTY OF GEATH BIGUITH MORE (III)
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS 1 LASS 2 NO
FUNERAL	101. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2/206 109. CITIZEN OF WHAT COUNTRY? CLSA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECÉDENT EVED U.S. ARMED FORCES? 1 THES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Marican, Puarto Rican, etc.) 14. RACE Fical Indian, Black wints bic. Specify: Specify: Specify: WHAT OR DATES
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life 90 NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life 90 NOT use retired.)
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
10 BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4413 ANTONIAN OUE ROUTE DOWN, State, Zip Code)
	20a. MEMOD OF DISPOSITION 1 Provided 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE / 20c. LOCATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OIPPEL FUNERAL HOME ZWC.
	23. PART I. Enter the disease or complications that caused the death Do not retain the disease or complications that caused the death Do not retain the disease.
	- ehock, or heert feilure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or Associate Consequence on): Due To (or Associate Consequence on):
NOL	Sequentially list conditions, If any leading to immediate b. Sept. Shock Due to (or as a consequence of):
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
- 13	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
MEDICAL	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
	EXAMINER? 1 YES 2 No HOSPITAL: 1 Inputtent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify)
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLEIED	29a. CERTIFIER (Check only one) 11 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
H A	296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUMBER 29d. DATE SIGNAD DOY, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	31. DATE FILED (Month, Day, Year) 22. REGISTARY SIGNATURE ALL CONTROL OF THE PROPERTY OF THE

Therefore In Applied Head Linders Jack in the Section

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THE HOSPITAL ON ATTENDING PHYSICIANT, The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTION that is sentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, ceremient, or emmoral.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 232 CERTIFICATE OF DEATH REG, NO.	84								
		SS PM								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (IN 1/10. Injust birthday) F UNDER 1 YEAR F UNDER 14 HOURS MAN. 7. DATE OF SHITTH 6. BHITTHPLACE (SO 1. BHITTHPLACE (S	land with								
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DIRECTOR	THE STATE 106. COUNTY 106. CITY BUWN ON LOCATION 106. INSIDE LINE LINE LINE LINE LINE LINE LINE LIN	DE CITY JB?								
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BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS OECEOENT EVER IN U.S. ARMEO FORCES? 1 VES 2 NO If yee, specify Cuben Mexicen, Puerto Ricen, etc.) 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yee or No— II. RACE — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— II. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispanic Origin? (Specify Yee or No— III. Pace — American Hispani	en Indian,								
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TO BE	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street, and Number or Rural Route Number, City or Toyn, State, Zid Obde) 130. MAILING ADDRESS (Street, and Number or Rural Route Number, City or Toyn, State, Zid Obde)	21038								
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	shock, or heert fellure. List only one cause on each line.	proximate erval Between set and Death								
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RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):									
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MEDICA		ION OF CAUSE								
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BY PH	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO									
	2 Accident Investigation 3 Suicide 8 Could not be determined 8 Could not be determined 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 2	ner ee stated,								
BE	296. SIGNATURE AND TITLE OF CERTIFIER ROYUR PAIGN MD 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Di 8/4/93	lly, Yber)								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									

32. REGISTRAR'S SIGNATURE
Fulia Devidon-Randone

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31. DAYE EN EN (Morth, Day, Year)
AUG 1 1 1993

1 - FOR STATE REGISTRAR 23285 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Aug. 11, DAY 1993 YEAR Waters Mary Ann 6:30 aM 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Weer) 1919 September 12 IF UNDER 1 YEAR DAYS 73 HOURS 1 M 2 AF 203-05-4812 Pennsylvania Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Baltimore Medical Center Baltimore Towson 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson 1 YES 2 NO permit. 10e. STREET AND NUMBER 10f ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? for use as the burial-transit 204 E. Joppa Rd 21286 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED retained by the hospital or attending physician 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11, MARITAL STATUS 14. RACE — American Indian, FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs Accountant Accounting director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) 76 Joseph Barrett Jane Mullery BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William J. Barrett 10514 Gateridge Rd. Cockeysville, Md. 21030 hours after death. Page 6 may be pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Sista DATE must Long Island National 8-17 Long Island, N.Y. 21. SIGNATURE OF FUNERAL SERVICE LICEN examiner 22. NAME AND ADDRESS OF FACILITY
Ruck Towson Funeral Home, Inc. funeral 1050 York Road, Towson, Md. 21204 and completely filled in by the burial, cremation, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) NGGSTMUS FAILURE JUNCTIONAZ Homs executed within event. DUE TO (OR AS A CONSEQUENCE OF) SCID DUE TO (OR AS A CONSEQUENCE OF): 4 RS traumatic CERTIFICATION Sequentially list conditions, 2 if any, leading to immedista cause. Enter UNDERLYING attending physician OR ATTENDING PHYSICIAM: The law requires that the death certificate be enor FAROURE UTE + CHRONIC CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events TO OCCULT GI BLEEDING 14R resulting in desth) LAST 0 Mental Injury, signed by the a Health and Men PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL any 1 TES 2 NO OF DEATH? Shows 1 TYES 2 T NO has been of h PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate to with the State HOSPITAL: OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursi ing Home 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending 1 YES 2 NO BY After 1 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building. etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 ls 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide If Item 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atsted. FUNERAL (HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE DZ8812 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7801 York Road, Towson, Md. 21204

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Vincent DiPietro

M.D.

Sura Devices

Sact Assessed States of Both Store

5 11/24/93 t.t

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

93-4891-510	
blh ITEM: 28b,	PER MEO FILM G-705
FOR STATE REGISTRAR	STATE OF MARYLAN
1. OECEOENT'S NAME (First, Middle, Last	0
Minnie &	Winters
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y
213-32-4643	10 M 2 BF 59
9a. FACILITY NAME (If not institution, give	street and number)
507 N. Gilmor	Street
10a. STATE 10b. COUN	ITY
mo.	
10s. STREET AND NUMBER	
507 N.	GILMOR S
11. MARITAL STATUS	12. WAS OECEDENT EVER IN U.
1 Never Married 2 Married 3 Widowed 4 Diverced	FORCES? 1 YES :
15. DECEDENT'S EC (Specify only highest gra	
Elementary/Secondary (0-12)	College (1-4 or 5+)

93 23286 ID / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI			REG. NO											
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4. SOCIAL SECURITY NUMBER 213-32-4643	5. SEX 6. AG	E (In yrs. lest birthde) 59 YRS,	MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	LACE (State or Foreign								
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17. FATHER'S NAME (First, Middle, Lest)	_		770 : 45 0		AME (First, Middle, Maide	n Surname)										
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	FOR STATE OF MADYLAND / DEPARTMENT OF HEALTH AND MENT	93	23287								
	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT. CERTIFICATE OF DEATH	AL HYGIENE REG. NO.									
	LUCIA LIASHINGTON	TE OF PEATH DAY 9	3. TIME OF GEATH 3. TIME OF GEATH 72.40 PM								
	74 22 MAZTE VES MONTHS DAYS HOURS MIN.	TE OF BIRTH	BIRTHPLACE (State or Foreign Country)								
"	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH		Y OF OEATH								
<u>5</u>	RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTE MOYE		10d. INSIDE CITY LIMITS? YES 2 NO								
FUNERAL	100. STREET AND NUMBER 101. ZIP COOE 2/2/2	10g. CITIZE	N OF WHAT COUNTRY?								
NS.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGINAL STATUS	GIN? (Specify Yes or No.— 14	I. RACE — American Indian,								
₩	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	o Rican, atc.)	Specify C								
ETED	15. DECEDENT'S EQUATION (Specify opt friginat grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working Iffe. Do NOT use retired.)	66. KINO OF BUSINESS/INOUS	СТЯ У								
Once.	Houseville										
5 III	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First ARRIV	t, Middle, Maiden Surname)	ke								
examiner must be notined TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Nu	Imber, City or Town, State, Zip Co	J1206								
at De	20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 20s. PLACE AND DATE OF DISPOSITION (Name of cometant commetted commetted or other place)	20c. LOCATION — CH	y or Town, State								
Ter m	1 Burlai 2 Cremetion 3 Removal from State Cametay Cremetory or other place	4 BA H	·mel								
шеха	Bette Fine 1 / deme	2 1									
medical	23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, such as called the death, Do not enter the mode of dying, and the death death, Do not enter the discount the death d	erdiec or respiratory arres									
E DE	ahock, or heert feliure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel disease or condition		interval Between Onset and Death								
event,	disease or condition a. Me fatbolic Acide Sis Due to (ORAS A CONSEQUENCE OF):										
	Sequentielly list conditions, b. SEPS 1'S HOUSES HOUSES										
CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
111	d										
: MEDICAL CE	DADT ii Other simplificant and dislam and the same of										
MED	mestatic Colon Ca										
3 2	1 VES 2 NO										
YSICI/	EXAMINER? 1 VES 2 DID 1 Inpatient 2 PER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Ott										
	(MORRI, Day, 1987) INJURY WORK?	ESCRIBE HOW INJURY OCCUI	REO								
	2 Accident Investigation A N/AM 1 YES 2 NO 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Bural Boute										
COMPLETED	4 Homicide determined	ty or Town, State)									
D BE COMPLE	28e. CENTREP. CENTREPING PHYRICIAN: To the beet of my knowledge, death occurred at the time, date and place, and due to the covery MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, day	suse(s) and manner es stated.									
E CC	29c. LICENSE NUMBER		IGNED (Month, Dry, Year)								
TO BE	aged thank up	1	14/43								
	DAULD SCREENS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, PTIM) DAULD SCREENS S 5601 COCH RAVEN BILLING	BACT.	map 21239								
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAN'S SIGNATURE AUG 1 1 993	/	,								

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DIVISION OF VITAL RECORDS,	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	ter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Places 1.2. 3 should	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	yval.
IMPORTANT: It ltem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.
CONTRACTOR OF THE CONTRACTOR OF STREET	

BALTIMORE, MARYLAND 21215-0020

FOR STATE		STATE OF N	MARYLAND /	DEPAR	RTMEN	T OF H	EALTH	AND I				3 2	23288		
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			P.		E OF	DEA	Н	2. DATE OF	D.		YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY N		5. SEX	6. AGE (In yrs. les			R 1 YEAR	IF UNDER	24 HRS. MIN.	July 24 7. DATE OF BIRTH (Month, Day, Year)			Countr			
9a. FACILITY NAME (II r	ot institution, give st	reet and number)	84	Tho.	96. CITY, TOWN DR LOCATION OF D			ON OF DE		1909 Pennsylvani sc. COUNTY OF DEATH Prince George's					
2917 Need RESIDENCE OF I 104. STATE Maryland	10b. COUNTY Prince	e George	s		v, town Wie	OR LOCAT	ION						10d. INSIDE CITY LIMITB? OCEYES 2 NO		
2917 Nee		12 WAS DECEDEN	T EVED IN IT C AS	Men	101. ZIP CODE 20716				10g. CITIZEN OF W United S NIC ORIGIN? (Specify Yes or No. 14. RACE			States			
3 Widowed 4 X	Divorced	FORCES? 1 IF YES, GIVE W	YES 2	No		If yes, spe	cify Cuba 2 🙀 ND	n, Mexica	in, Puerto Rica	specify Yes	or No—	14. RACE — American Indian, Black, White, etc. Specify: White			
	only highest grade ry (0-12)) (G	CEDENT'S IVE KIND OF I	work done se retired.)	OCCUPATION during most	N at of workin	g			-Fre				
Frederick	Wild						Lo	ue11	ME (First, Midd a Boda	nsky	Sumame)				
19e. INFORMANT'S NAME (Type/Print) Jerry Wild 19e. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2917 Needlewood Lane											un State				
1 Burtel 2 XPCremetion 3 Removal from State 4 Donation 5 Other (Specify) Metropolitan Crematory Alexandria V 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A.															
23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory erreat, ehock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) a. Lung cancer restarts to brain DEE TO (OR AS A CONSEQUENCE OF):															
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):															
PERFORMED? 1 YES 2 NO PERFORMED? AWAILABLE PRIO COMPLETION OI DF DEATH?											WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 46. PLACE OF DEATH (Check only one) HOSPITAL:														
2 Accident	Pending Investigation	28e. DATE OF INJURY					INJURY AT WORK? YES 2 ND 1110-112-112-112-112-112-112-112-112-112				oute Number,				
3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 29. CERTIFIER (Check only one) 29. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as attated.															
29b. SIGNATURE AND TITLE OF CERTIFIER NO							29c. LICE	NSE NUM					(Month, Day, Yeer)		

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

15300 Gallat Fox Lane #110

14300 Gallat 9

32. REGISTRAR'S ENGNATURE

93

DHMH-16 Rev t/89

20715

Bowie MO

	TO THE NOTING PHYSICIAN: The law requires that the death certificate be executed with! It is nown after death. Page 6 may be retained by the hos	TO THE TUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detach the page of the page 5 should be detach the page of the p	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Ì	V	TO IN STATE OF DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the fit	H
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	FOR	STATE OF MARYL	AND / DEDAI	THENT	OE W	EAITU AI	ND ME	NTAL LIVEREN	. 0	3	23289
	1 - STATE REGISTRAR	OINTE OF MAITTE	CERTIF					REG. NO.		J	20203
	1. DECEDENT'S NAME (First, Middle, Last)	11	- 6				2.	DATE OF DEATH	٧ م	CEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX J. AGE	(In yrs. last birthday)	IF UNDER 1	VEAR	IF UNDER 24 /	une 21	DATE OF BIRTH		3	1611 M
1 3	214247469	1 M 2 F	64 YRS.		_			(Month, Day, Year)		Country)	NCE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	reet and number)	0-1	9b. CITY,	TOWN OF	R LOCATION	OF DEATH	05-15-29	9c. COUNT	Mary.	
OR	Church Hospi	ital Corp.	oration	Bo	415	7mo	60	City			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10		Y, TOWN OR	LOCATI	OH CH		J		1 40	d. INSIDE CITY
DIR	Md.		100.00		tim						LIMITS?
AL.	10s. STREET AND NUMBER				_	ZIP CODE			10g. CITIZE		F COUNTRY?
FUNERAL	12 S. Collington	n Ave.				21231				US	EA.
E I	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. W	AS DECE	NDENT OF H	HSPANIC O	PRIGIN? (Specify Yes	or No- 14	I. RACE Black, W	American Indian,
B	3) Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES			2 NO		, , , , , , , , , , , , , , , , , , , ,		Specify:	White
8	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCC	CUPATION	N		16b. KIND OF BUS	INESS/INDUS	STRY	WiTCE
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT u		iring mosi	t of working					
COMPL	9		Walt	ress				Restaur			
	17. FATHER'S NAME (First, Middle, Last)	Arıdrew	Ma silve					First, Middle, Maiden			
BE	19e. INFORMANT'S NAME (Type/Print)	Alulew	Majka 19b Mallino	ADDRESS /	Street an			Number, City or Town		orde)	
5	Anthony Zakroski		1					Baltimore			21
- 8	20a, METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Remo	20b	PLACEANDDATE	OF DISPOSIT	ION /Non	no of		7	ATION - CH		
1	4 Donation 5 Other (Specify)	St	netery.cremetory or o	lther place)	Ceme	etery	8-	-10 Ba1	timor	e Md.	
-3	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. N	AME AND	ADDRESS O	Weber	Funeral	Home		
	Davel 4	: Wille	1	4	01 3	S. Che	ester	Street	Balto	. Md.	21231
1	23. PART i. Enter the diseases, or conshock, or heart failure. 1	omplications that caused ist only one cause on e	d the death. Do	not enter t	he mod	e of dying,	, such as	cardlac or respin	atory arrea	it,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	6 .	۸.	1.	2	4					Onset and Death
	resulting in death)	DUE TO (OR AS /	CONSEQUENCE O	7 10	40	rdt	-				
z		Coro	hours	0	te-	0	dia	cone			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	P):		1	CVB				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	n:							
S											
 	PART II. Other significant conditions						en in Part	i. 24s. WAS AN A PERFORI			RE AUTOPSY FINDINGS
MEDICAL	Chame of	manietine	ne	~~~	~~	y de	sees	1 U YES 2	□ NO		MPLETION OF CAUSE DEATH?
×				-						1 [YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEAT	'H /Check o	nk one)			
Sic	EXAMINER?	HOSPITAL:	setient 3 🗆 DOA	OTHER:				Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	_	8c. INJU WOR	RY AT		I. DESCRIBE HOW IN	JURY OCCU	RED	
à	1 Natural 5 Pending 2 Accident Investigation			М	1 🗌 YE	ES 2 N	0				
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, larm,	street, factor	y, office		281.	City or Town, State)	nd Number or	Rural Route	Number,
COMPLET	24 00000000				20.00						
MP	(Check only	CIAN: To the best of my know R: On the basis of examination									
1 1	29b. SIGNATURE AND TITLE OF CERTIFIER		Shows hiready and	, at any opi							
8	Dorly	~				29c. LICENSI	E NUMBER		29d. DATE S	IIGNED (Mo	rith, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 2D / Fee	Orlett							

31, DATE FILED (Month, Day, Year) AUG 1 1 1993

21231

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BALTIMERE

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE C	F DEATH	RE	EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	3. TIME OF DEATH
-	Edward Jose	ph Adel	man			July	27 1	993 5:45 p M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF B	IRTH	& RIGTHPI ACE (State or Foreign
	579-42-9063	1 🔀 M 2 🗆 F	60 YRS.	MONTHS DA	78 HOURS MIN.	11-25	-32	Washington, DC
	9a. FACILITY NAME (If not institution, give a	street and number)		96, CITY, TO	VN OR LOCATION OF D			INTY OF DEATH
Œ	Physicians Momer	iol Hognita	1			and the		
DIRECTOR	Physicians Memor	Tal nospita	Т.	Lar	lata		Cn	arles
Ĭ,	10a. STATE 10b. COUNT			ITY, TOWN OR L	CATION		1000	10d. INSIDE CITY LIMITS?
1 2	Maryland Charle	es	La	Plata				1X YES 2 NO
7	10s. STREET AND NUMBER				101. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
8	US Highway South	Room #4 Pa	arkway Mo	tel	20646			USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		DECENDENT OF HISPA	NIC ORIGIN? (Sp		14. RACE — American Indian,
BY FI	1 Never Married 2 Married 3 Widowed W Divorced	FORCES? 1 Y	ES 2 NO	If you	yes 20 NO Speci	an, Puarto Rican		Black, White, atc. Specify: White
	15. DECEDENT'S EDU	CATION	140 DECEDENT	- I	ATION	401 1/101		
H	(Specify only highest grade	completed)	(Give kind o	S USUAL OCCUI work done durin	most of working	166. KINI	O OF BUSINESS/INC	JUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Carpen			Cor	nstructi	on
M	17, FATHER'S NAME (First, Middle, Last)				18 MOTHED'S N		, Maiden Surname)	
	Frederick J. Ade:	l man				M. Blal		
BE	19a, INFORMANT'S NAME (Type/Print)	Lincari	10h MAII II	C ADDRESS (S)	eet and Number or Rural			- Codel
2	Arleen M. Bowie				ool Pt. Ro			
	THE DON'T		20b. PLACE AND DAT			DATE		City or Town, Stata
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	oval from Stata	ce Lee CreCres			L-93		, MD 20735
	21. SIGNATURE OF RUNERAL SERVICE LI	CENSEE	M00173	22. NAM	E AND ADDRESS OF F	ACILITY	- MI	
	+ Who 14 4/2	and the same	1100175					s.,MD 20695
	23. PART I. Enter the diseases, Dr	complications that cau	sed the death. Do					
	ahock, Dr heart fallure. IMMEDIATE CAUSE (Final	List Dnly Dna cause Di	n aach line.			1 1		Interval Between Onset and Death
	disease or condition	A	-ento	Myor	and i	Enki -		`—————————————————————————————————————
	reaulting in death)	DUE TO (OR A	S A CONSEQUENCE	OF):		111		more
_		D=	Ontell	Canad	omno	mann		1 ymoo
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE	12000	11	1		
N N	cause. Enter UNDERLYING	•						
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):				
표	resulting in death) LAST	d						
	PART II Other elselficent enselfitor		h h	I= 45				
DICAL	PART II. Other aignificant condition	is contributing to dast	n out not resulting	in the under	ying cause given in) Part I. 24a.	WAS AN AUTOPSY PERFORMED?	AVAILABLE PRIOR TO
ă						10	YES 2 NO	COMPLETION OF CAUSE OF DEATH?
Z						_		1 _ YES 2 _ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C	heck only one)		
S	1 TES 2 NO	1 Inpetient 2 ER/C	Outpetient 3 - DOA	4 Nursing	Home 5 Rasidence	6 - Other (Spe	ocify)	
표	27. MANNER OF DEATH	26a. DATE OF INJUI (Month, Day, Yes		IME OF 280	INJURY AT WORK?	28d. DESCRIB	E HOW INJURY OC	CURED
BY I	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
ED E	3 Suicide 8 Could not be	28s. PLACE OF INJU building, etc. (3	URY At home, farm	, streel, factory,	office	28t, LOCATION City or Tox	N (Street and Number vn. State)	or or Rural Route Number,
E	4 Homicide detarmined							
7	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my kr	nowledge, death occu	rred at the time,	date and place, and du	e to the cause(a)	and manner as ata	ited.
COMPLET		R: On the basis of axamin	ation and/or investiga	tion, in my opini	on, death occured at th	e time, data and	place, and due to ti	he cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	IMBER	29d DAT	TE SIGNED (Month, Day, Year)
BE	1()	47			D-0297		•	771-93
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (To	pe, Print)	D 0251			/ - 10
	Daniel M. Howell,				104 High	2v 301	South LL	alderf MD 2060s
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE		TO4 HITBIIM	ay 501	South Wa	ardorr, MD 20003
	AUG 02 193	Suliant	Tevidson Pan	de Ma				

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and long and the feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO BE COMPLETED BY FUNERAL DIRECTOR
ICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DE	EPARTMENT OF H	EALTH AND M	IENTAL HYGIENI REG. NO.	E	20231
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Nelson	Angu	(NDE	<u>=</u>)	July 17	9 YEAR	1054
	4. SOCIAL SECURITY NUMBER 5. SEX		thday) IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A. BIFT	HPLACE (State or Foreign
	N/A 1K) N	4 2 🗆 F	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) July 17,	Coun	itry)
Ĭ	9a. FACILITY NAME (If not institution, give street and a	number)	9b. CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY OF	
H	Holy Cross Hospita	21	Silver				
DIRECTOR	RESIDENCE OF DECEDENT					Montgo	mery
出	10a. STATE 10b. COUNTY	10	DC. CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Montgome	ery	Silver SPri	lng			1 X YES 2 NO
3AL	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	11200 Lockwood Drive			20901			
FU	11, MARITAL STATUS 1 X Never Married 2 Married FOR	S DECEDENT EVER IN U.S. ARMED RCES? 1 \(\text{YES} \) 2 \(\text{X} \) NO		ENDENT OF HISPANIC	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14. RAC	E — American Indian, ck, White, etc.
BY	3 Widowed 4 Divorced	ES, GIVE WAR OR DATES	1 TES	2 NO Specify:	, · wallo i lloan, etc.)	Spe	ctty:
	15. DECEDENT'S EDUCATION	100 DECED	ENT'S USUAL OCCUPATION		I I I I I I I I I I I I I I I I I I I		Black
ET.E	(Specify only highest grade completed	d) (Give ki	ind of work done during mo: NOT use retired.)	st of working	16b. KIND OF BUS	INESS/INDUSTRY	
PLE	Elementary/Secondary (0-12) College	(1-4 or 5+) Infa	•				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	IIIIa	II C	10 MOTHER WALL	E (First, Middle, Maiden S		
	Angu Abongwa	Thiores				Sumame)	
BE	19e. INFORMANT'S NAME (Type/Print)		AILING ADDRESS (Street a		lyn Nde	0.00	
2	Angu Abongwa Thierry						100 00001
	20a METHOD OF DISPOSITION	001 01 10 10 110	00 Lockwood		0ATE 20c. LOC	Spring	, MD 20901
	1 Burial 2 X Cremation 3 Removal from	n Stata cemetery, cremeto	ory or other place)			-	
	21. SIGNATURE OF FUNERAL SERVICE A CENSEE	Mt. Co	mfort Crema	D ADDRESS OF FACE	1/-20 Alex	andria,	Virginia
	· / /////	20	JOSEF	H GAWLER	's sons, I		
_	Cost Henre	ton	5130	Wisc. Av	e., NW Wa	shingto	n, DC 20016
	23. PART I. Enter tha diseases, or complice shock, or heart failure. List-onit	itions that caused the daeth. y one cause on each line.	. Do not enter the mod	de of dying, such	as cerdiac or respir	atory errest,	Approximata
	IMMEDIATE CAUSE (Finel disesse or condition	0 5000	0 (120	(1	1	Onset and Desth
	resulting In death)	CENTATU	KITZ	120	WK to	tus	\
	10.00.00.00.00.00.00.00.00.00.00.00.00.0	OUE TO (OR AS A CONSEQUEN	NCE OF):	(0		
ON	Sequentially list conditions, b.	DUE TO (OR AS A COMPONIE	,				
F	If any, leeding to Immediate couse. Enter UNDERLYING	DUE TO (OR AS A CONSEQUEN	NGE OF):				
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUEN	NCE OFI:				
CERTIFICATION	resulting In death) LAST		,				j j
	6						
¥	PART II. Other aignificent conditions contri	buting to death but not recui	iting in the underlying	ceuse givan in P	art 1. 24a. WAS AN A		WERE AUTOPSY FINDINGS
8					1 YES 2		COMPLETION DF CAUSE OF DEATH?
ME							1 - YES 2 - NO
PHYSICIAN: MEDIC							
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ITAL:	28. PL	ACE OF DEATH (Chec	k only one)		
YS		TAL: petient 2 ER/Outpetient 3 C	DOA 4 Nursing Home	5 Rasidence 8	Other (Specify)	JOSPI	TAC
F	27. MANNER OF DEATH 286	a. DATE OF INJURY 28 (Month, Day, Year)	b. TIME OF 28c, INJU		28d. DESCRIBE HOW IN	JURY OCCURED	
BY	2 Accident Investigation			ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	 PLACE OF INJURY — At home, i building, atc. (Specify) 	farm, street, factory, office	1	28f. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,
COMPLETED							
P		the best of my knowledge, death o					
ő	2 MEDICAL EXAMINER: OF THE	basis of axamination and/or inves	ntigation, in my opinion, de	eath occured at the tie	me, data and place, and	dua to the cause(s) and manner sa stated.
BE	SHE SHOWNTURE AND TITLE OF CERTIFIER			29c. LICENSE NUMB	IER	29d. DATE SIGNED	7 (Month Day, Year)
TO B	1 vecmals	Sann-e				D 7/1	9/93 1
F	30. NAME AND ADDRESS OF PERSON WHO COMPL		and the same			-11	4
		500 Forest Gle	en Rd., Sil	ver Sprin	ng, MD 20	910	
	JUL 26 1993 Julia	DAY COM- PONDER					
	201 40 1333						

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FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ICATE O		REG.	VO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	Halton Danner 1 Av. 1					MONTH	DAY	YEAR	
1	Walter Raymond Anderso					July 25,	1993		8:45p M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year		8. BIRTI Count	HPLACE (State or Foreign
1 8	501-09-0982 1XM2	□ F -	74 YRS.	MONTHS DAY	8 HOURS MIN.	Feb. 1,			th Dakota
	Se. FACILITY NAME (If not institution, give street and num		4	AL CITY TON	N OR LOCATION OF DE			INTY OF	
OC.				su. Cri i, ion	N ON LOCATION OF DE	AFF	Se. COL	INTY OF	DEATH
O	7517 Tarpley Drive			Rocky	ville		Mon	tgom	nerv
5	RESIDENCE OF DECEDENT							- 0	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
ā	Maryland Montgomer	y.	Roc	kville					1 YES 2 W ND
4	10e. STREET AND NUMBER				10f. ZIP CODE		10a CD	IZEN OF	WHAT COUNTRY?
2	7517 Manalana Dat								WINI COUNTY
1 2	7517 Tarpley Drive				20855			S.A.	
FUNERAL	ED DOC	S? 1 X YES		13. WAS I	DECENDENT OF HISPAN	IIC ORIGIN? (Specify	Yes or No-	14. RAC	E — American Indian, ik, White, etc.
	IF VES	GIVE WAR OR DATE			specify Cuban, Mexica (ES 2 V ND Specify			Spec	
B	3 Widowed 4 Divorced	WW I	I						White
	15. DECEDENT'S EDUCATION	16	a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF	RUSINESS/IN		WILLEC
LEI	(Specify only highest grade completed)		(Give kind of a	work done during	most of working	1300 1000	2001112007111	0001111	
15	Elementary/Secondary (0-12) College (1	-4 or 5+)		101					
2			Owner			Re	staur	ant	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mei	den Sumame)		
BE (John Anderson				Sarah	Erickson			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et end Number or Rural i		Even State 7	o Codel	
임	Eleanor L. Anderson								
					Drive, R				
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 🎇 Cremation 3 ☐ Removal from S	20b. PL	ACE AND DATE	OF DISPOSITION	(Neme of	DATE 20c.	LOCATION -	City or To	own, State
	4 Donation 5 Other (Specify)	Me	tropoli	tan Cr	ematory 7/	26/93 A	lexand	lria.	VA
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME	AND ADDRESS OF FA	CILITY DeVo	1 Fun	eral	Home
	MIION	(1)	1		ast Deer				Home
	/ Wichard	· Colle	von	1 Gait	hersburg,	MD 2087	, -		
	23. PART I. Enter the diseases, or complication	na that caused th	e deeth. Do r	ot enter the	mode of dying, suc	h as_cardiac or re	spiratory ar	reat.	Approximate
	snock, or neart failure. List only o	ne cause on each	ine.	NEX	Mon	A MES	PIN	220	Interval Between
	IMMEDIATE CAUSE (Final disease or condition		-	Dr	NOCA	2001	49	٦٨٥٠	Onset and Death
	resulting in death) e. / /	EMUMO	HIC	1475	1000	1000	100		
1		DUE TO (OR AS A CO	INSEQUENCE OF	F):			_		
z	A STATE OF THE PARTY OF THE PAR								
2	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE DI	F):					
🕺	cause. Enter UNDERLYING								
[윤 [CAUSE (Disease or Injury	DUE TO (OR AS A CO	NSEQUENCE OF	n.					i
		and to foll the K of	MOLGOLINGE OF	1.					
1 5- 1	that initiated events								
ER	that initiated events resulting in death) LAST								
CERTIFICATION	resulting in death) LAST	ling to death but							
	that initiated events	ing to death but					AN AUTOPSY	241	b. WERE AUTOPSY FINDINGS
	resulting in death) LAST	ing to death but		TUE!	Lun6 so	EAR PER	FORMED?	241	AWAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	resulting in death) LAST	ing to death but		TUE!	Lun6 so	EAR PER		248	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	resulting in death) LAST	285 PM	Tory	-6		EAR PER	FORMED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	PART II. Other significant conditions contributions of the conditions contributions of the conditions contributions of the conditions contributions of the conditions contributions of the condi	285 PM		- C	SCOFER	EA EI UYES	FORMED?	248	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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EDICAL	PART II. Other significant conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions of t	2SSA 42PA PISI	rect reces	- C	SCOLEMAN PLACE OF DEATH (Ch	EA EI UYES	FORMED?	241	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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DAL TRIONE, MAN LAND	hours after death. Page 6 may be retained by the hos	ed in by the funeral director, page 5 should be detached	, or removal.	medical examiner must be notified at once.	
	TO THE WORTH OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF	HEALTH AND F DEATH	MENTAL	HYGIEN REG. NO	E 9	3	23293
	1. DECEDENT'S NAME (First, Middle, Last)	1/ - 7	orry Lo	0 04	ams	2. DATE (OF DEATH		EAR	. TIME OF DEATH
] = 3	4. SOCIAL SECURITY NUMBER	The second	erry Le	IF UNDER L YEA		7. DATE C	2Z		3	0130
	440-42-3163	1 DM 2 0 F 5	Z YRS.	MONTHS DAY	HOURS MIN.	June (Month,	Day. Year) 1, 19	41 0	klah	
OR	** FACILITY NAME (It not institution, give to the second s	· ·	ems	Balti	NOTE	DEATH		9c. COUNTY		TH
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CITY	TOWN OR LO	TATION				1.	
DIRECTOR	Maryland Howar	rd		umbia						Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER	num t			101. ZIP CODE					AT COUNTRY?
N.	9639 Cold Star Co	12. WAS DECEDENT EVER I			21046			Unite		
BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Spec	an, Puerto R	(Specify Yea ican, etc.)	or No- 14	Black, \ Specify:	- American Indian, White, etc. White
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	JSUAL OCCUP	TION	16b.	KIND OF BUS	SINESS/INDUS	TRY	WIIICC
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during retired.)	most or working					
₹ D		5+	Consult	ant			nancia			
	17. FATHER'S NAME (First, Middle, Last) James Homer	Adams			ta. MOTHER'S N		iddle, Maiden		oino	
B	19a. INFORMANT'S NAME (Type/Print)	Audilis	10h MAILING	ADDRESS (Sta	Harriet		. 07		aine	:
10		(Wife)	Same	as #10		Houle Numbe				
	1 Buriel 2 XCremation 3 Rem 4 Donation 5 Other (Specify)	State State	D.PLACE AND DATE OF OUR DUIDED C	remato	Name of LY	7-27		cation – cm ver Sp		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CEMBEE	-	22. NAME	AND ADDRESS OF F	ACILITY Servi	nes F	> Δ		
	Doth. 83.	CWI	M00827		Gist Ave,				MD	20910
	iMMEDIATE CAUSE (Fine)	List only one ceuse on e	ech line.	ot enter the i	node of dying, su	ch es cerdi	ec or respi	ratory arrest	l,	Approximata interval Between Onset and Death
		a. Kes pirate				pe				1/43
CERTIFICATION	in any, reading to militadiate	b. Sept To (OR AS								
FI S	CAUSE (Disease or Injury that initiated events	c. Castrie DUE TO (OR AS)	A CONSEQUENCE OF	5						
E	resulting in death) LAST	Alexan	1 M							3/2-
1 11	DADY II Oshor significant and district									1293
DICAL	PART II. Other significent condition	s contributing to death b	out not resulting in	the underly	ing ceuse given in		PERFOR	MED?	AN CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDIC								•		YES 2 NO
PHYSICIAN:										
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (C	heck only one				
l ×	1 YES 2 X NO	1 ⋈ Inpatient 2 ☐ ER/Outs	Detient 3 DOA 28b. TIME		ome 5 Residence					
	1X Natural 5 Pending	(Month, Day, Year)	INJU	RY	NJURY AT YORK? YES 2 NO	280. DEŞC	HIBE HOW IF	JURY OCCUR	ED	
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, term, st			28t. LOCA	TION (Street e	nd Number or	Rural Roul	te Number.
E	4 Homicide determined	building, etc. (Spec	спу)			City or	Town, Stete)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the basic of examination	riedge, death occurred	at the time, d	te end place, and du	time, date a	e(s) and man	ner ee stated.	nuna/a) a	nd manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU					
BE (Kasin Brown	tener services			Resid			DATE S	12-	onth, Day, Year)
욘	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)	1.0010			//	1	
	Kevin Brewton 31. DATE FILED (Month, Day, Year)	32 Marchanie est	22 5	South (Green Str	eet, E	Baltim	ore, N	4D	21201
	JUL 29 1993 8	1.32. NEGISTIAR'S SHA	Alone -							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 27 hours after death with the State Deri of Health and Marrial House and mind to build or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

JUL 2 9 1993

Brown,

M.D.

1. DECEDENT'S NA EDWARD	ME (First, Middle, Las	D.		CERTIF GELL					2. DATE). AY 100	YEAR	3. TIME OF D	EATH
4. SOCIAL SECURIT	TY NUMBER	5. SEX		S. lest birthday)	IE IIMOE	R 1 YEAR	IF UNDER	24 1400		Y 28,	199		4:00 PLACE (State of	A Samina
096-30-9		1 X M 2 - F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)		Country	()	rorwign
	(If not institution, give	A .	70		9h CIT	Y TOWN C	R LOCATIO	ON OF D		19, 1	915 I		onsin	
	addy Driv					rwood		JI O D	LA III		Monte			
	OF DECEDENT				DC.	I WOO					IMOLIC	yonic	ı y	
10a. STATE	10b. COUN			10c. CI	ry, TOWN	OR LOCAT	ION						10d. INSIDE (YTE
Maryland	d Mont	gomery		De:	rwood	d				ONT.			1 YES 2	Ď NO
100. STREET AND N						101	. ZIP CODE						HAT COUNTRY	
17716 Ca	addy Driv	/e				2	20855	5			Uni	ted	States	3
11. MARITAL STATU 1 Never Merried 3 Widowed 4	2 X Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	MNO	13.	If yes, sp		n, Mexica	in, Puerto	t? (Specify Ye Ricen, etc.)	e or No-	14. RACE Black, Specify	- American (, White, etc. y: White	
/9-	15. DECEDENT'S EL	DUCATION	184	DECEDENT'S	USUAL C	CCUPATIO	ON		168	. KIND OF BU	SINESS/INDU	STRY		
Elementary/Seco	pecify only highest gra ondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u		during mo	st of workin	g						
		5+		Minist	er				Re	eligio	n			
17. FATHER'S NAME	E (First, Middle, Lest)						18. MOTH	IER'S NA	ME (First,	Middle, Melden	Surname)			
Kurt		Angel	.1				Chr	ist	ina		ļ.	Kuml	in	
190. INFORMANT'S							nd Number	or Rural	Route Num	ber, City or Tox	vn, State, Zip (Code)		
Janis J	. Angell	(Wife)		Same	as i	<i>‡</i> 10								
20e. METHOD OF D		moval from State	20b. PL/	ACE AND DATE	OF DISPO	SITION (Na	ime of		DAT		CATION — C			
4 ☐ Donation 15	Other (Specify)		Sub	y, cremetory or o	Cre	nato	ry		17-2		lver S	Spri	ng, MD)
4 ☐ Donation 15				<u>burbán</u> 400827	R22	NAME AN	UNCI		Serv:	ices,	P.A.			910
21. SIGNATURE OF	Other (Specify) FUNERAL SERVICE or the diseases, ock, or heart fellun		Not coused the	100827	Ra 9:	app F 33 Gi	uner ist A	lveni	Servi	ices, Silver	P.A. Sprin	ng, I	MD 20	910
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4 Donation S 21. SIGNATURE OF 26. PART I. Enter shoot IMMEDIATE CAU disease or cond resulting in desi Sequentially list if any, leading to	Other (Specify) FUNERAL SERVICE Funeral Service or the diseases, ock, or heart fellun JSE (Final litton th)	r complications the b. List only one cau	et coused the	400827 e deeth. Do line.	not ente	NAME AN APP F 33 Gi	D ADDRES UNCI LST A	lveni	Servi	ices, Silver	P.A. Sprin	ng, I	MD 20 Approx Interva Onset	1910 Imata
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4 Donation S 21. SIGNATURE OF 21. SIGNATURE OF 22. SIGNATURE OF 23. PARY I. Enter shoot MMEDIATE CAU disease or cond resulting in desi If any, leading to cause. Enter UN CAUSE (Disease that Initiated everesulting in desi	Other (Specify) FUNERAL SERVICE FUNERAL SERVICE For the diseases, o ck, or heart fellun JSE (Final littlon th) c conditions, o immediate IDERLYING o or Injury ents th) LAST	a. Due to Due to d. Due to d.	of coursed the use on sech of the course of	MOD827 e deeth. Do line. N L NSEOUENCE C	not ente	NAME ANA PAPER FOR THE MORE AND PAPER FOR THE MORE FOR THE MORE AND PAPER FOR THE MORE AND PAPER FOR THE MORE AND	ist Adording	VENU	CELITY SETVI UE, S th se cen	24a. WAS AAPERFO	P.A. Sprir Iratory arre	est,	MD 20 Approximately Interva Onset (// // WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?	OP 10 Imate I Between Dee Mod
4 Donation S 21. SIGNATURE OF 23. PART I. Enter shoc IMMEDIATE CAU disease or cond resulting in desired in the state of th	Other (Specify) FUNERAL SERVICE FUNERAL SERVICE For the diseases, o cock, or heart fellum JSE (Final litton th) It conditions, o immediate (DERLYING) or Injury ents th) LAST ERRED TO MEDICAL	a. DUE TO d. DUE TO d. HOSPITAL:	of coursed thuse on sech	e deeth. Do line. N L NSEOUENCE C NSEOUENCE C	not ente YM FF: In the u	NAME AN APP F 33 Gir the mo	ist Ade of dyi	given in	Part I.	24a. WAS AMPERFO	P.A. Sprir Iratory arre	est,	MD 20 Approximately Interva Onset (// // WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?	Imate I Between Dec Months I Between Dec Months I Between Dec Months I Between I Betwe
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4 Donation S 21. SIGNATURE OF 23. SIGNATURE OF 24. PART I. Enter shoot IMMEDIATE CAU disease or cond resulting in desi If any, leading to cause. Enter UN CAUSE (Disease that initiated everesulting in desi PART II. Other s 25. WAS CASE REFE EXAMINER? 1 YES 2 2 27. MANNER OF DE	Other (Specify) FUNERAL SERVICE FUNERAL SERVICE For the diseases, o cock, or heart felium JSE (Final litton th) Conditions, o immediate IDERLYING or injury ents th) LAST EIGNIFICENT CONDITION ERRED TO MEDICAL KNO	B. DUE TO C. DUE TO d. Ons contributing to HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month), D 28e. PLACE OF	of coursed the use on sech and a course of the course of t	e deeth. Do line. N { N { N SEOUENCE C NSEOUENCE C NSEOUENCE C NSEOUENCE C 101 resulting 102 DOA 28b. Till	OTHE 4 OF JURY	nderlying 26. PL R: raing Hom 28. WO 1 1	DADDRESS UNCL	VENUING, SUCC	Part I. Part I. Part I. Part I. Part I. Part I. Part I.	24a. WAS AMPERFO	P.A. Sprir S	24b.	MD 20 Approximately and a second seco	Imata I Betweend Ds On O. Y FINDIN ON TO DF CAUSE

14808 Physicians Lane #212, Rockville, MD

20850



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	FICATE O	F DEATH	F	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)		***			2. DATE OF	DEATH	-3	-5000	3. TIME OF DEAT	ГН
-	John	Thomas Al	len, S	Sr.		MONTH -	- 2		YEAR 93	3:00	10 M
			(In yrs. last birthda	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	HTOLE	,	10	IPLACE (State or Fe	omian
	578-01-0829	1XXX 2 F	84 YRS	MONTHS DAY	HOURS MIN.	(Month, De 5-25	y, Year)	ng	Countr	hingto	7
	9a. FACILITY NAME (If not institution, give stre-	et and number)	- 01		N OR LOCATION OF I			9c. COUN			11, 0.
œ	Greater Laurel/B		Hoen			ZCAIN		111			
6	RESIDENCE OF DECEDENT	CICSVIIIE	nosp.	Laur	ET			PTI	nce	Georg	e's
Ĕ	10e. STATE 10b. COUNTY		10c. (CITY, TOWN OR LO	CATION					10d. INSIDE CITY	,
DIRECTOR	Maryland Prince	George's	E	Beltsvi	lle				- 1	LIMITS?	¥o.
	10e. STREET AND NUMBER				10f. ZIP CODE			10a. CITIZ	EN OF V	VHAT COUNTRY?	2,40
FUNERAL	4911 Wicomico A	venue			20705					State	C
Ž		12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC OBIGIN2 (S	anathy Van			- American Indi	
	1 Never Married 2 X Married	FORCES? YES	2 NO	If yes,	specify Cuban, Maxic	an, Puarto Rica	n, etc.)	U. 140-	Biaci	c, White, etc.	mri,
BY	3 Widowed 4 Divorced	1943 -	1945	'''	ES 2 X XO Spec	ny:			Speci	Whit	0
입	15. OECEDENT'S EDUCA	TION	16a. DECEOENT	'S USUAL OCCUPA	TION	16b. KIP	D OF BUS	INESS/INDU	USTRY	***********	
	(Specify only highest grade co	College (1-4 or 5+)	(Give kind life. Do NO	of work done during use retired.)	most of working						
립	10 years		Store	Manage	or.	Sa	fewa	237			
COMPLETED	17, FATHER'S NAME (First, Middle, Last)		2010	Tidilag	16. MOTHER'S N						
	Walter C. Allen	ī			Lillie	e M. E	all				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Strai	et and Number or Rura	Pouts Number (City or Town	State Zin	Codel		
2	Bernice R. Alle	n		e as #:		, roate Hallou,	only or low.	, ordin, Elp	0000)		
				E OF DISPOSITION		OATE	200 100	CATION — C	To		_
	209_METHOD OF DISPOSITION 1. Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State		Cenetery		0/1993				, Maryla	- Lac
	21. SIGNATURE OF FUNERAL SERVICE LIGHT		Thronly								and.
	11 10-101	Aron m	0.4	Donal	and address of F	gwardt	Fune	ral H	Iame	, P.A.	
	METHODOX V.	1009mic	XX .	4400	Powder M	ill Rd.	Bel	tsvil	Lle,	Md. 20	705
	23. PART I. Entar the diseeses, or con ahock, or haert failure. Li	mplications that caused	d tha daeth. De	not anter tha r	noda of dying, su	ch aa csrdiac	or reapi	ratory srre	st,	Approxim	
	IMMEDIATE CAUSE (Final									Onset and	
	diseese or condition resulting in death)	Mult	10000	1 Sust	rem fai	luie				lwr	al
	Tooling in deathy									100	66
z	h.	My	ocardia	1 Inf	arction					13 we	PŁ
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):	. \						
S	CAUSE (Disease or injury	(-a)	stroinit	estinal	bleedin	10				340	et
<u>=</u>	that initiated events	OUE TO (OR AS A	CONSEQUENCE	OF):		/					
띪	resulting in death) LAST										
	DADT II Other significant conditions										
DICAL	PART ii. Other significant conditions	1	out not reaultin	g in the underly	ing cause given in	Part I. 24	PERFOR		24b.	WERE AUTOPSY FI AVAILABLE PRIOR	
8	pneumon					10	YES 2	NO NO		COMPLETION OF O	AUSE
뿔	Cerebro	vascular o	Racide	rit						1 YES 2	ю
ä											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSDITAL.			PLACE OF OEATH (C	heck only one)					
Š	1 TYES 2 NO	HOSPITAL: Inpatient 2 - ER/Outp	patient 3 DOA	OTHER:	ome 5 🗆 Rasidence	8 Other (Sp	ecity)				
£ 1	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. 1		NJURY AT WORK?	28d. DESCRI	BE HOW IN	JURY OCC	URED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Your)			YES 2 NO						
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spec	— At home, tarn	n, atreet, tectory, of	fica	28f. LOCATIO	N (Street a	nd Number o	or Rural A	loute Number,	
	4 Homtoide determined	bunding, atc. (Spec	unyj			City or lo	wn, State)				
١٣	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the heat of my know	dadae daeth accu	emad at the time of							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know									
8				mon, in my opinion	, death occured at the	s time, trata and	piace, and	due to the	cause(a) and manner as s	isted.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	W - MTD			29c. LICENSE NU	MBER		29d, DATE	SIGNEO	(Month, Day, Year)	
2	Jenny 91	TWY III			D4 3	260		•	1/2	8193	
- 1	30. NAME AND ADDRESS OF PERSON WHO	1 . 41 .			14.00						
	19333 Laure 15	Sowie Rd # 3	507	Laurel	MD 20	708					
	31. DATE FILEO (Month, Day, Year)	12. REDISTRAR'S SIDE	TURE 92			· · ·					
	JUL 29 1993 <i>9</i>	And hand down									

THE HUBBILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HUBBILL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEALU	REG. 1	10.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
7	Burton El	lmer BAKER				July 17,	1993	YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTH		_	PLACE (State or Foreign
	071-16-8520	1)(□XM 2 □ F	72 yrs.	MONTHS DAYS	HOURS MIN.	July 15,	1021	New	V)
1	9a. FACILITY NAME (If not institution, give :		,						
Cr.					OR LOCATION OF DE	ATH		UNTY OF DE	
0	38 East Irvin Av	7enue		Hage	rstown		Wa	shing	ton
<u>[</u>]	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ν	100 007	Y, TOWN OR LOCA	7104				
DIRECTOR		Washington						- 1	10d. INSIDE CITY LIMITS?
		vasnington		lagersto					1 E YES 2 NO
I₹I	104. STREET AND NUMBER				of, ZIP CODE		10g. Cf	TIZEN OF W	HAT COUNTRY?
FUNERAL	38 East Irvin A	Avenue			217	42	U	.S.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 \(\bar{\chi}\) YES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify	Yes or No-	14. RACE	- American Indian,
	1 Never Married 2 3 Married	FORCES? 14 YES	2 NO		pecify Cuban, Mexica S 2 ANO Specify				, White, etc.
B⊀	3 Widowed 4 Divorced	W.W II		1	3 2 14 NO Specify			Specif	white
COMPLETED	15. DECEDENT'S EDU	CATION	18e. DECEDENT'S	USUAL OCCUPAT	ION	16b, KINO OF	BUSINESS/IN	OUSTRY	
ᇤ	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	work done during in se retired.)	ost of working				
4	0-12	4	ceramic	engine	er	ceram	ic re	fract	ories
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid			
		narles Baker				Lillian			
8		Talles Dakel							
2	19a. INFORMANT'S NAME (Type/Print)	2			and Number or Rural F				
	Mrs. Lois Ebert H	3aker -	38 Eas	t Irvin	Avenue,	Hagersto	wn, Ma	aryla	nd 21742
	20s. METHOD OF DISPOSITION 1- Burial 2 Cremation 3 Rem		PLACE AND DATE			DATE 20c.			
	4 Donation 5 Other (Specify)	Con	Rest Hav	en Ceme	tery	7-20 H	agers	town,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- 1	22. NAME /	ND ADDRESS OF FAC				
	Sutt	mn.		415 E	ast Wilso	n Blvd	Hage	rstow	n, MD 21740
	- cory	11/Um	~				-		, 125 21, 1.
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on e	I the deeth. Do n	not enter the m	ode of dying, suct	h aa cardiac or re	spiratory e	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	0 1 /			7. 1	1	/		Onset and Death
	disease or condition resulting in death)	N. X State	TAU	On MAN	etAStA	1- 90	145		
	resulting in death)	DUE TO (OR AS /	CONSEQUENCE OF	F):	0		1)		+
2							U		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE OF	F):					
Ä	cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF	F):					+
E	resulting in death) LAST								1
핑		0							
4	PART II. Other significent condition	na contributing to death b	ut not resulting i	in the underlyle	ng ceuse given in	Part I. 24a. WAS	AN AUTOPSY	y 24b.	WERE AUTOPSY FINDINGS
ICA	PART II. Other significent condition	na contributing to death b	ut not resulting i	in the underlyle	ng ceuse given in	PERI	ORMED?	/ 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICA	PART II. Other significent condition	na contributing to death b	ut not resulting i	in the underlyli	ng ceuse given in	PERI		24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	PART II. Other significent condition	na contributing to death b	ut not resulting i	in the underlyli	ng ceuse given in	PERI	ORMED?	y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AN: MEDICAL		na contributing to death b	out not resulting i			PERI	ORMED?	y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	na contributing to death b	ut not resulting	26. 8	ng ceuse given in	PERI	ORMED?	y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO			26. F OTHER:		PERI 1 □ YES	ORMED?	/ 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outs	Datient 3 🗆 DOA	28. F OTHER: 4 Nursing Ho	PLACE OF DEATH (Che	PERI 1 □ YES	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	betient 3 ① DOA 28b. TiMi	28. F OTHER: 4 Nursing Ho- BOF 28c. IN URY W 1	PLACE OF DEATH (Che The 5 periodence JURY AT ORK? YES 2 NO	PERI 1 YES	V INJURY O	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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TO THE NOSE TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	PINT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after being the retained by the hospital or attending physician.	EFAL DIRECTOR: After this certificate has been signed by the attending physician and completally filled in by the human director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	ith the State Dept. of Health and Mental Hyglene prior to burial, cremation, or minimal	It il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical axamining must be notified at once.
	ATTENDING PHYSICIAN: The law	ECTOR: After this certificate has b	's after death with the State Dept.	n 28 is marked, or item 23
-	SPIRIT OR	EFF. DIR	ing 2 hour	T. II Iten

FOR STATE REGISTRAR		STATE	OF I	MARYLAND / DEPAI CERTIF	RTMENT OF I	EALTH AND DEATH		HYGIENE REG. NO.		93	23	297
ECEDENT'S NAME (First, Mil	dde, Lest) Hilda	3	Eli	zabeth 8	BAER		2. DATE OF MONTH	DEATH DAY	19	YEAR 93	3. TIME	DE DEATH
OCIAL SECURITY NUMBER		5. SEX		8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF					ate or Foreign

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENT	AL HYGIENI REG. NO.	9	3 23297
	DECEDENT'S NAME (First, Middle, Last) Hild	da Elizab	neth	BAER	· · · · · · · · · · · · · · · · · · ·	2. DAT MON	y 15,	199	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday		IF UNDER 24 HRS	. 7. DAT	E OF BIRTH		BIRTHPLACE (State or Foreign
	219-66-1447		79 YRS.	MONTHS DAYS	HOURS MIN.		rith, Day, Year)		Mary Land
_	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF				Y OF DEATH
STOP.	13581 Marsh Pike			Hage	erstown			WAS	HINGTON
FUNERAL DIRECTOR	Maryland Wash	nington		gerstown					10d. INSIDE CITY LIMITS? 1 YES 2 YNO
RAL	100. STREET AND NUMBER				IOI. ZIP CODE				N OF WHAT COUNTRY?
W	13581 Marsh Pike	40 140 050505145 5145			21740			US	
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	If yes,	ECENDENT OF HISP specify Cuban, Max ES 2 NO Spe	Ican, Puert	BIN? (Specify Yea o Rican, etc.)	or No 1	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT	'S USUAL OCCUPA' f work done during i use retired.)	FION most of working	1	66. KIND OF BUS	INESS/INDUS	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	4.76	sewife			Home		
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First	, Middle, Maiden S	Sumame)	
BE	Kemp	В.		ynolds		1aude			Minnich
6	190. INFORMANT'S NAME (Type/Print) Richard R.Baer				and Number or Run				
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem		20b. PLACE AND DATE		Pike Ha		TE 20c. LOC		
	4 Donation 6 Dother (Specify)		remetery, crematory, or Niller's Mei	nnon'ite Ch	urch Cem.(07/17/	93 Hage	rstown	,MD 21740
	21. BIGNATURE OF FUNERAL SERVICE LIC	Solam			ORNE FUN			nort.	MD 21795
CERTIFICATION	23. PART I. Enter the diseases, or a Mock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	aDUÉ TO (OR A:	S A CONSEQUENCE (Hear	1- D				Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	. 11	e contributing to death Reconicy		in the underlyl	ng cause given l	In Part f.	24a. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MAK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (Check only	one)		
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpstlent 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Rasidenc	6 🗆 Ott	her (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJUR (Month, Day, Year		ME OF 28c. II	IJURY AT YORK?	7	ESCRIBE HOW IN	JURY OCCUI	RED
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJU building, atc. (S)	RY — At home, farm, pecify)			26f. LO	CATION (Street and y or Town, State)	d Number or	Rural Route Number,
COMPLETED		CIAN: To the best of my known.							cause(a) and manner as stated,
	296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE N				HIGNED (Month, Day, Year)
TO BE	Q14	رب ده			0214				16-93
-	30. NAME AND ADDRESS OF PERSON WHO					1-,			
	Abdul Wahood M.D. 31. DATE FILED (Month, Day, Year)	1610 Oak + 32. REGISTRAR'S SK	GNATURE	Hagers	town MD	2174	0		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BY PHYSICIAN: MEDICAL

COMPLETED

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The state of the s	pertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 2 3 should	Property is the first parties of the first parties	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	filled in by	on, or ren	he medic
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	an and co	r to burial	umatic
	g physici	e State Dept. of Health and Mental Hygiene prior to	ther tra
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	rtificate	the State	or Item
	or this ce	th with t	arked,
	OR: Afte	fter deal	18 Is m
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93 23298 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH BENNET 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Form (Month, Day, Year) 09-02-1930 Washington, DC 578-50-5134 1 🗌 M 2 💢 F 62 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FUNERAL DIRECTOR PRINCE DUTHERN CLINTON GERRES RESIDENCE OF DEC 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Brandywine 1 TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE log. CITIZEN OF WHAT COUNTRY? 19211 Aquasco Road 20613 USA 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 5 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or Noif yea, apecify Cuban, Mexican, Puarto Rican, stc.)
 \(\subseteq \text{YE} \) NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 7 years Housewife Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Louis McKenzie SR BE Haidee Grist 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anita M. Lavallee 18511 Truman Pt. Rd. Aquasco, MD 20608 20a. METHOD OF DISPOSITION
1) Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Trinity Memorial Gardens 8+3-93 Waldorf, MD Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00173 J.H. Eberwein Mortuary 4433 White Pl La White Pls, MD 20695 I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Intervel Batween IMMEDIATE CAUSE (Final Onset and Death disesse or condition MYSLOMA 2 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if sny, lasding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1 NO OF DEATH?

25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	Check only one)
1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTH	IER: Nursing Home 5 - Residenc	e 8 🗆 Other (Specify)
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, term, street,	lactory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 🎉 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation. In my opinion

D-18545

	and place, at	or one to the caneda) and thanket de stated
AL CIGNATURE AND TITLE OF OFFICE		
96. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

and.	MARKE	A MP	ADDI	Ecc /	oc n	EDCON	1020.00	001101					_	
ю.	MAME	AND	nuyn	E33 (OF P	ENSON	MMO	COMPLETED	CAUSE O	F DEATH	(ITEM 2	27) (Type,	Print)	

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AUG 02" '93	32. REGISTRAN'S	Davidson-A	indell

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	TO THE WESTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the his	THE THE FAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detay		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	d with	mplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
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	1 - FOR STATE OF MARYLAN REGISTRAR		MENT OF HEA		MENTAL HYGIEN	IE .	20233
	1. DECEOENT'S NAME (First, Middle, Last) Bertram Wilshire Bristow				2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER S. SEX S. SEX S. AGE (In y) $216-30-2722$ S. SEX S. AGE (In y) $2 \square = 58$	rs. lest birthday) YRS.		F UNDER 24 HRS.	7. DATE OF BIRTH (MONT), Day Voar) 2-18-1935	8.	BIRTHPLACE (State or Foreign Country) LSSISSIPPI
5	98. FACILITY NAME (If not institution, give street and number) Prince George's Hospital Cente	r	9b. City, town on Cheverly		ATH	9c. COUNTY	
	10a. STATE 10b. COUNTY Maryland Prince George's		tsville	ν			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
ב מורוים ב	10o. STREET AND NUMBER 5018 Quimby Avenue		101, 21	P CODE	20705	· .	of what country? ted States
5	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? XIX YES 2 IF YES, GIVE WAR OR DATES 1955—1958	S, ARMED P NO S	13. WAS DECENI If yes, specif 1 \(\text{YES 2} \)	DENT OF HISPAN Ly Cuben, Mexicae NO Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No 14.	RACE — American Indian, Black, White, atc. Specify: White
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Give kind of we life. Do NOT use	USUAL OCCUPATION ork done during most of retired.)	f working	166. KIND OF BU		Service
	17. FATHER'S NAME (First, Middle, Last)	TOTAL CO			ME (First, Middle, Maiden	Surname)	pervice
	Gerald Bristow 198. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and		tte Vimou		fel
	Virginia E. Bristow 20s. METHOD OF DISPOSITION 1 A Quitel 2 Cremetton 3 Removel from State cometer				el, Maryla		
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	NSEOUENCE OF	4400 Pcot anter the mode	wder Mi	wardt Fun ill Rd. Be as cardiec or reep	ltsvil	Approximate interval Betwee Onset end Deat
	PART II. Other eignificant conditions contributing to death but of the factor of the f	not resulting in	0	auaa given in i	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO HOSPITAL: 1 Pinostiant 2 FR/Outpetlet		OTHER:	E OF DEATH (Che			
	27. MANNER OF DEATH 1 Natural 5 Pending 2 ER/Outpetler 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME	RY WORKS	AT	8 Other (Specify) 28d. OESCRIBE HOW	NJURY OCCUR	ED
1	2 Accident Investigation 3 Suicide 6 Could not be determined determined	At home, farm, at	M 1 YES	2 🗑 NO	281. LOCATION (Street City or Town, State)	and Number or F	lural Route Number,
,	V Notification Containing						
	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge.						use(s) and manner as stated,
	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge	d/or Investigation	, in my opinion, death		time, date and place, er	29d. OATE SI	use(a) and manner as stated. SNED (Month, Day, Year) 22 /93

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DE	ECEDENT'S NAME (First, A	Aiddle, Last)	. 7					2. DATE (OF DEATH DAY	Υ	EAR 3.	TIME OF DEATH
- 6		B-		atricia B	urke			Ju	ly 25,			9:00 am
4. SO	OCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH Day, Year)	0.	BIRTHPL.	ACE (State or Foreign
	228-50-135	3	1 🗆 M 2 🛴 F	544	YRS.	THE DAYS	HOURS MIN.		. 12, 1			rginia
9a. F	ACILITY NAME (# not insti	itution, give s	treet and number)		9b.	CITY, TOWN	OR LOCATION OF D			9c. COUNTY		
E I	Holy Cr	roce F	Josnital	41		C1117	er Sprin		106	10.		
HES 10a. S	Holy Cr	DENT	OSPICAL	7.7		STIA	er Sprii	19		M	ontg	omery
10a. S	STATE	10b. COUNTY			10c. CITY, TO	WN OR LOCA	ION				V 10	d. INSIDE CITY
ā Ma	arvland		Montgome	defend to the		2 1	Dothe				1	LIMITS?
10e. S	STREET AND NUMBER					10	_ Bethe	sua		10a. CITIZER		T COUNTRY?
10e. S	10107	Dawler	vood Teri	4-1			7 (0001	7.227 III	- 1			
Z 11. M	ARITAL STATUS	Palky		T EVER IN U.S. ARM	IED	12 WH C DEC	2081 ENDENT OF HISPA		2.00	-		tates
	Never Married 2 M M	arried	FORCES? 1	YES 2 NO	0	If yes, sp	ecify Cuban, Maxic	an, Puerto R	(Specify res o ican, stc.)	14.	Black, W	American Indian, thite, atc.
3 🗆	Widowed 4 Divorce	ed	IF YES, GIVE Y	MAN ON DATES		1 🗌 YES	2 🕅 NO Speci	ffy:			Specify:	mate di più
EI OW OO 17. FA	15. DECED	ENT'S EDUC	CATION	16a, DEC	EDENT'S USU	AL OCCUPATION	NA .	105	KIND OF BUSIN	IFOO (INIDI IO		White
<u> </u>	(Specify only has been sentenced (9-1)			(Ghv	e kind of work Do NOT use ret	done durina ma	st of working	100.	KIND OF BUSIN	IESS/INDUS	IHY	
3 1 .	iomentary/secondary (0-12	"	College (1-4 or 5	+)	**							
E	ATHER'S NAME (First, Midd	eta (====)	4		HOM	emaker				Own I	Iome	
							18. MOTHER'S N	AME (First, M	liddle, Malden Su	mame)		
u			Francis	Donovan				Mai	rgaret	O'Nei	1	
19a. N	INFORMANT'S NAME (Type	e/Print)		19b.	MAILING ADD	RESS (Street a	nd Number or Rural	Route Number	er, City or Town,	State, Zip Co	de)	
	Robert E.	Burk	e M.D.	10	107 Pa	rkwoo	d Terrac	e Bet	hesda,	Marv	land	20814
	METHOD OF DISPOSITION Burial 2 (XCremation			20h PLACEAL	ND DATE OF DE	SPOSITION /A/	mo of	OATE		TION City		
400	Donation 5 C Other (S	pecity)	oval from State	Mont	etory or other p	laca) Ju.	ly 27, 1	993	D - 1			2 2
21, 58	IGNATURE OF FUNERAL	SERVICE LIC	ENSEE	//	gomer	22. NAME AF	Torium D ADDRESS OF F	ACILITY	Ret	nesda	, ма	ryland
	· 19		2	// ,		Rober	t A. Pum	phrey	Funer	al Ho	me/	ryland isconsin
_	Leve	0/	Such	et MO	0335	Avenu	Bethes	da. M	arvlan	d 208	5/ W 14-3	isconsin
23. F	PART I. Enter the dist	asea, or c	omplications the	it caused tha dea	ID. UO DOI S	nter the mo	da of dying, suc	ch aa cardi	ac or reapira	tory arrest	,	Approximate
IMM	EDIATE CAUSE (Final		come only one car	ase on aach iina.								Onset and De
dise	ase or condition		Moto	57-17	1000	~ Cur	w WTA	1.0	L .	DA MA	0074	-
resu	ilting in death)		DUE TO	STE TO	IENCE OF	20 0010	Concor Con ,	UV	Frown	2 O I As	77	3 mont
		_		,							1	i
Sequ	uantially list condition		DIJE TO	(OR AS A CONSEOU	IENCE OD.							
f an	ry, laading to immedia se. Enter UNDERLYING		332.10	(41112 / 40110201	DETIGE OF J.							i
CAU	SE (Disease or injury		DUE TO	(OR AS A CONSEOU	IENCE OF							
	initiated events		502.10	(ON AS A CONSECU	DENCE OF J.							i
į			l									
	T II. Other significant	condition	s contributing to	death but not re	sulting in th	e underiving	cause given in	Part I.	24a. WAS AN AU	TOPSY	24b WE	RE AUTOPSY FINDIN
PART						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFORM		AM	AILABLE PRIOR TO
_								- 1	1 TES 2	NO		DEATH?
_											1[YES 2 NO
—												6
25, W	AS CASE REFERRED TO I	WEDICAL	110001741				ACE OF OEATH (C	heck only one)			
1	☐ YES 2 1 NO		HOSPITAL:	ER/Outpatient 3		HER: Nursing Hom	5 - Residence	6 🗆 Other	(Specify)			
25, W	ANNER OF DEATH		26s. DATE OF		28b. TIME OF	28c. INJ	JRY AT		RIBE HOW INJ	URY OCCUR	ED	
	Natural 5 Pe		(Month, D	lay, Year)	INJURY		RK? 'ES 2 NO					
	- Postalda	restigation	28s. PLACE O	F INJURY — At hom	e form street			281 1 0 0 4	TION (Closet and	Monte	h / O 4	- AK-104-101
46		uld not be termined	building,	etc. (Specify)		, ractory, orner		City or	TION (Street and r Town, State)	Number or r	turili Houli	e Number,
290.0	Check only	YING PHYSIC	CIAN: To the best of	my knowledge, dest	h occurred at	the time, data	and place, and dua	to the caus	e(s) and manne	r as stated.		
29a. C	ne) 2 MEDICA	L EXAMINER	: On the beals of a	xamination and/or in	vestigation, in	my opinion, d	eath occured at the	time, data a	ind place, and c	lus to the ca	use(a) an	d manner as stated
79b ft	UGNATURE AND JITLE OF					1	29c. LICENSE NUI					
	Dell	144	la Van				AAC. LICENSE NUI	- 2 -	2	ed. DATE SI	MED (Mo	onth, Day, Year)
30. NA	AME AND ADDRESS OF	EBSOL W	COMPLETE STATE				N 181	54	•	7	25	93
1	T.CC	AHC	1			10 /	onnoch		4	6		
	rethou	1200	his v	40	(08	10	-ONUBER	Cak	Aug	La	als.	1 00 02
							6.1	ica	1)		3000	I for oca
31. OA	TE FILED (Month, Bay, Yea	03	32. REGISTRA	R'S SIGNATURE	00.			1000		(300	for ordi

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See History

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be mind after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INFORTANT If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTRAN				CER	THE	JAIL	UF	DEA	П		REG. NO			
	1. DECEDENT'S NAME (First, M		201177								2. DATE MONT		AY	YEAR	3. TIME OF DEATH
	GERTRUDE 4. SOCIAL SECURITY NUMBER	C.	BOWIE								JULY		, 199		4:30 A M
		R	5. SEX		r yrs. last bir		IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	(Mont	OF BIRTH h, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
	579-20-3220		1 M 2 X F	71		YRS.					DEC.	1, 19			INGTON, D.C.
oc			,			1			R LOCATI		EATH			INTY OF D	
2	11203 SCHUYLI		ROAD				K	OCK	VILL	E			MONT	GOME!	RY
DIRECTOR		10b. COUNTY			1	Oc. CITY,	TOWN OR	LOCAT	ION						10d, INSIDE CITY
=	MARYLAND 1	MONTG	OMERY				ROCK	VTI.	LE					1	LIMITS?
A	10s. STREET AND NUMBER							_	ZIP COD	Ē			10g. CIT	IZEN OF W	THAT COUNTRY?
FUNERAL	11203 SCHUYLI	KILL	ROAD					1	20	852				USA	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			D	13. W	S DEC	ENDENT C	F HISPAN	IIC ORIGI	17 (Specify Ye	s or No	14. RACE	American Indian, , White, etc.
ВУ Б	1 Never Married 2 N M		IF YES, GIVE W						2 NO			Rican, etc.)		Specif	
		DENT'S EDUC													ITE
ETED	(Specify only h	highest grade	completed)		(Give I	MENT'S US kind of wo NOT use	rk done du	ring mo	on at of workin	g	166	KIND OF BU	SINESS/IN	DUSTRY	
P	Elementary/Secondary (0-12	2)	College (1-4 or 5 i	·	RETA		,				Т.	ERNER	CHUD	C	
COMPL	17. FATHER'S NAME (First, Midd	dle, Lest)			KEIA.	TP 9	ALLES		18 MOTI	HER'S NA		LINNER Middle, Maiden		٥	
	EDGAR ADAM	POORE								ESSI		COOL	,		
BE	19a, INFORMANT'S NAME (Type				19b. M	IAILING A	DDRESS (Street a				ber, City or Tox		o Code)	
유	EDWARD T. BOY	WIE							ILL			CKVILI			ND 20852
	20e. METHOD OF DISPOSITION 1½□ Burial 2 □ Cremation	N		20b. I	PLACEAND	DATEOF	DISPOSIT	ON /Na	me of			E 20c. LC			
	4 Donation 5 Other (S)		Wei from State	_ GA	TE O	F HE	AVEN	CE	METE	RY	7/2	8 SIL	ER S	PRIN	G, MARYLAND
	21. SIGNATURE OF FUNERAL S		0 0				22. N/	ME AN	D ADDRE	SS OF FAC					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, I 500 UNIVERSITY BLVD., W. SIL.SPR., M										MD 20901				
	23. PART I. Enter the dise	eases, or c	omplications tha	t caused	the deeth	. Do no									Approximate
	shock, or hea IMMEDIATE CAUSE (Fine)	ert fallure. I	List only one ceu	se on ee	ch lina,					113					Interval Between Onset and Death
	disease or condition resulting in death)		_ LL	NG	CA	IN (CR								6 MONTHS
	resulting in death)	15	DUE TO	(OR AS A	CONSEQUE	NCE OF):									I NOWING
Z	Sequentially list condition		ı												
Ĕ	if any, leeding to immedia	ate	OUE TO	(OR AS A	CONSEQUE	NCE OF):									
일	cause. Enter UNDERLYING CAUSE (Disease or Injury		OHE TO	(OR AS A (CONSEQUE	NCE OE									
CERTIFICATION	that initiated events resulting in death) LAST		502.10	(OR PA K	CONSEQUE	NOE OF J.									
핑			·												1
A	PART II. Other algolificant	condition	a contributing to	death bu	t not resu	ilting in	tha und	erlyIng	cause (given in	Part I.	24a, WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL											_	1 YES	1		COMPLETION OF CAUSE OF DEATH?
ME											_		* (,	1 TES 2 NO
CE	25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL:		_		OTHER:	26. PL	ACE OF O	EATH (Che	eck only or	10)			
PHYSICIAN	1 TYES 2 NO		1 Inpatient 2			DOA 4	☐ Nursin		5 × Re	sidence					
	27. MANNER OF DEATH 1 Natural 5 Pe	ending	28a. DATE OF (Month, D	INJURY ay, Year)	20	6b. TIME (WO	URY AT RK?		26d. DES	CRIBE HOW	NJURY OC	CUREO	
B	2 Accident Inv	vestigation	28e. PLACE O	E IN HIDY	At home	form etc.	M	1 🔲 Y		NO					
COMPLETED		ould not be termined	building,	atc. (Specif	- At nome, ly)	TOURTH, OCC	eet, ractor	у, отне	•		City	ATION (Street or Town, State	end Numbe	r or Rural A	loute Number,
<u>-</u>	29a. CERTIFIER 1 CERTIF														
MP	(Check only		CIAN: To the best of												end manner as stated.
8				ALL THE PARTY OF T	THE STATE OF THE S	anganon,	in my opi	mon, o				and place, a	nd due to t	he ceuse(e)	end manner as stated.
BE	294. SIGNATURE AND TITLE OF	F CERTIFIER	. 1. le	1 0	(n				29c, LICE	ENSE NUN	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF P	PERSON WILL	COMPLETED CALL	SE OF SEA	TH STPM -	D /3 1	ulasi		Do	12	36			126	193
	THE AND MOUNESS OF P	THOUS AND	- COMPLETED CAUS	SE UP DEAT	in (IIEM 27										
l H	CAROLLIA R	Litron	DRIEVS	14	n i	1141	10	1011.	1011	1.16.1	<'	No d	3000	11/11/	mus 2.000
	CARPLYN B	. HEN	DRICKS 1 132. FEGISTERA	R'S SIMA	Turk on	486	8	PH	1510	LAM	S' LA	NE 7	Lock	VKL	EMD 20850.
	CARPLYN B 31. DATE FILED (MONTH, Day, Yes JUL 28 199		DRICKS Fulla Davids	R'S SIDE	THUR DO	486	38	PH	1510	LAN	S' LA	NE 7	Lock	CVICL	EMD 20850.

1 - FOR STATE REGISTRAR

CLEARED BY M.E.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

							ICALL					HEG. NO.				
		1. DECEDENT'S NAME (First,									2. DATE	OF DEATH		3	TIME OF OEATN	
		ROBERT A	A. BE	ILMAN							()72	293	W	YEAR	l:41 a.	М
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		I. BIRTNPL	ACE (State or Foreign	n
		134-05-7034		1XXM 2 □ F	73	YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year)		New		
3 should		9a. FACILITY NAME (If not in		street and number)	1/3		9b. CITY	TOWN	OR LOCATI	ON OF OF		919	Be COUNT	TY OF OEA		
ري جو	Œ.	Montgomer			ogni	+ o l				0.1 01 02	-74114		100			
1, 2,	K	RESIDENCE OF DEC	EDENT	nerar n	OSPI	ual		olne	2 ,y				Mont	gome	ery	_
Pages	DIRECTOR	10a. STATE	10b. COUNT	Y		10c. Cl	Y, TOWN	R LOCAT	TION					10	d. INSIDE CITY	_
- S	ā	Maryland	Mor	tgomery		9.	1ver	Cna	ed ma					-1	LIMITS?	
permit.	AL	10e. STREET AND NUMBER		- 3 - 1110 - 1			IVEI	101	I. ZIP COD	E			10g. CITIZI		AT COUNTRY?	
. Isr	EB	14120 Whispering Pines Ct.					20906								tates	
215-0020 attending physician. se as the bunal-transit	FUNER	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U	J.S. ARMEO	13.	WAS DEC	ENDENT (OF NISPAN	IIC ORIGIN	? (Specify Yes	or No —	4. RACE -	- American Indian,	_	
Dun bun		1 Never Married 2		FORCES?	MAR OR DATE	2 NO		if yes, sp	ecify Cube	ın, Mexice	n, Puarto I	ticen, etc.)		Black, V	Vhita, atc.	
ding the	BY	3 Widowed 4 Divo	rced		WW T				I QL	оросну				зресну,	White	
21215-0020 al or attending physic for use as the bunal	COMPLETED		EDENT'S EOU y highest grade		1	6a. DECEDENT'S	USUAL O	CCUPATIO	ON		16b	KIND OF BUS	SINESS/INDU	STRY		
	91	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT	se retired.)	Janny mo	ASI OF WORK	'V						
hospital cached for	P			2	A	ppraise	er					Utilit	У			
AN detach	Ö	17. FATHER'S NAME (First, M.	liddle, Last)						18. MOT	HER'S NA	ME (First, I	Aiddle, Maiden	Surname)			
A Pe	ш	Jack Beilma	n						Clar	a V	Vood1	.e				
MARYLAND retained by the hospit should be detached notified at once.	B	19s. INFORMANT'S NAME (7)	ype/Print)			19b. MAILIN	ADDRESS	(Street a	nd Numbe	or Rural F	Route Numl	oer, City or Town	n, State, Zip C	Code)		
Me ret	2	Elizabeth F	reemar	ı								, N.Y.				
Page		20a. METHOD OF DISPOSIT			20b. Pi	LACE AND DATE	OF DISPOS	ITION (Na	ame of		OAT	20c. LO	CATION — C	ty or Town	Stata	_
e 6 may ector, p		1 ☐ Burlai 2 🔯 Crematio 4 ☐ Donation 8 ☐ Other		oval from Stata	Ft	Linco.	ther place) n Cr	emat	atory 7-24-93 Brentwood, Maryland							
BALTIMORE, I after death. Page 6 may be by the funeral director, page moval.	- 1								es-Rinaldi Funeral Home Inc.							
AL. funer funer xam																
B after on the py the removal.	\dashv	11800 New Hampshire Ave. Silver Spring, The Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, Approxima											pring, M	ld.		
S in a	1	ahock, or he	esrt fallure.	List only one ceu	ot caused to	he death. Do h line,	not enter	the mo	de of dy	ing, suci	h ss card	lec or respi	retory srre	et,	Approximate interval Between	пее
	, j	IMMEDIATE CAUSE (Fin	iel	1	2	0	0.10		- 0	1	20	D . C	-		Onset and De	
		disease or condition resulting in death)	→	. AR	D/0	165	UKA	47	OKY		TVK	KCD	9		1007	mate Between
executed withing and complete, o burial, crematic anditionally matter event, to				DUE TO	(OR AS A C	ONSEQUENCE O	F):	4	400	-	E	71	0-	•		
OX 687 e be executed sician and con nior to burial, traumatic er	2	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF: Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ARD 10 RESPIRATORY PREST ON SESTION FOR AS A CONSEQUENCE OF): ARD 10 RESPIRATORY PREST ARD 10 R														
BOX cate be ex physician a e prior to er traum	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING														
m = 5 I	길	CAUSE (Disease or Injury C.									-					
P.O. B ath certificat tending phy al Hygiene p	E	that initiated events resulting in death) LAST									401					
DS, P.O. E e death certifica the attending ph Mental Hygiene Ilury, or other	英	4. 1.000									145					
ORDS, I that the deat led by the atte th and Mental any Injury,	- 11	PART II. Other significa	nt condition	s contributing to	deeth but	not resulting	in the un	deriying	g cause	given in	Part I.	24a. WAS AN	AUTOP91	24b. W	ERE AUTOPSY FINDIN	NGS
	EDICAL			0					-11	e an e		PERFOR	. /		MILABLE PRIOR TO	ie.
O 5 5 5 8		1 VES 2 MNO								DEATH?						
	Σ			1.10,							-			1	YES 2 NO	
AL RE e law req has been Dept. of	AN	25. WAS CASE REFERRED TO	O MEDICAL		-/-											
F # 22 5	SICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	/-		OTHER		ACE OF D	EATH (Che	ock only on	ė)				
TSION OF VIT, TENDING PHYSICIAN: The TOR: After this certificate after death with the State 28 is marked, or Item	₹ ¥	1 YES 2 NO		1 Inpatient 2					_	esidence	8 Other					
PHYS this c	РНУ	1	Pending	28a. DATE OF (Month, D		28b, TII	JURY		RK?		28d. DES	CRIBE NOW I	JURY OCCU	RED		
ITENDING PHYS LTOR: After this after death with 28 is marked	E I		Investigation				M		YES 2	NO						
TENDING I TENDING I THE After after death	Ω.		Could not be	28a. PLACE O building,	of INJURY — atc. (Specify)	At home, farm,	atreet, fact	ory, office	•			ATION (Street a	nd Number o	r Rurel Rout	e Number,	
Z8 after	EE	4 Homelas	perarmined													
E CO D		29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowled	ga, death occur	ed at the ti	me, deta	and place	, end due	to the cau	se(s) and man	ner as stated	1,		
	COMPL			R: On the basis of e											nd manner se stated	6
DE DE TELEMENTO DE LA COMPONITACIONE DE COMPONIT	2	296. SIGNATURE AND HTLE	OF CERTIFIES	1					29c. LICI	ENSE NUM	IBER		294. DATE	SONED /M	onet. Day, Years	
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FFE	ध	30 MAME AND AODRESS OF	PERSON WI	COMPLETED CAU	SE OF DEATE	N (ITEM 27) (Type	, Print)	ļ	7	-/				_	110	_
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		31. DATE FILEO (Month, Day,		32. EGISTA	R'S SIGNA	188		- /								
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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		is confined has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the state beat, of Health and Mental Hyglene prior to burial, cremation, or removal.		
		Pages 1, 2		
		t permit.		
2	PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	urial-transi		
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	s after dea	by the fur emoval.	sed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	n 24 hour	ly filled in ation, or r	the me	
6	uted within	complete	c event,	
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	the death	y the atter	Injury, c	
	tuires that	certificate has been signed by the attending physician and completely filled in by the in the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ows any	
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	OR ATTEN	DIRECTOR: ours after	9m 28 i	
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	20000				
	1. DECEDENT'S NAME (First, Middler-tag Evelyn M. 1	Burnette			2. DATE OF DEATH MONTH July 27,	1993 3. TIME OF DEATH 4:08 A. M				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign				
	293-20-4564	1 🗆 M 2 💢 F	36 yrs. M	DAYS HOURS MIN.	May 5, 1907	Country) Ohio				
-	9a. FACILITY NAME (If not institution, give	•	I	b. CITY, TOWN OR LOCATION OF D	EATH 9c	COUNTY OF DEATH				
DIRECTOR	Greater Laurel-H	Beltsville Ho	spital	Laurel	P	rince George's				
S	10a. STATE 10b. COUN	iTY	10c. CITY, 1	TOWN OR LOCATION	 -	10d, INSIDE CITY				
님	Maryland Princ	ce George's		Laurel		LIMITS?				
AL	10e. STREET AND NUMBER			10f. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	8220 Harvest Ber	nd Lane, #11		2070	7 U:	nited States				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or N	to 14. RACE — American Indian, Black, White, etc.				
ВУБ	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D		If yes, specify Cuban, Maxic 1 YES 2 XNO Speci		Specify: White				
		<u> </u>		1						
ETED	15. DECEDENT'S Et (Specify only highest gra		16a. DECEDENT'S US (Give kind of work life. Do NOT use r	k done during most of working	16b. KIND OF BUSINES	3S/INDUSTRY				
12	Elementary/Secondary (0-12)	College (1-4 or 5+)				5 3				
COMPL	17. FATHER'S NAME (First, Middle, Last)	3	Secre			f Standards				
	Edward Hawn				AME (First, Middle, Meiden Surne	n/ne)				
BE	19a. INFORMANT'S NAME (Type/Print)		10h Mail INC A	DORESS (Street and Number or Rural	annah Jones					
임	Cheryl A. Burnet	·te				1, Maryland 20707				
	208, METHOD OF DISPOSITION		. PLACEAND DATE OF			I, Maryland 20/0/ ON — City or Town, State				
1	1 Buriet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	netery, cremetory or other lendale Ce	place) 7/3	12/02	on - City or lown, state				
	21. SIGNATURE OF FUNERAL SERVICE		- Tenadic Co		MATON					
	· Will &	Boven) M00672	Home/Rockvill Avenue, Rockv	e înc. 300 i ille, Marylai	Pumphrey Funeral West Montgomery nd 20850-2805				
	23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	ach line.	Here Faile		Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 M NO 1									
A N	0.5 MMO 0405 DEFECTION									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- C	28. PLACE OF OEATH (C)	neck only one)					
ΙŁ	1 YES 2 NAME OF DEATH	1 Cinpetient 2 ER/Out	petient 3 DOA 4	☐ Nursing Home 5 ☐ Residence						
	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WORK?	28d. OEŞCRIBE HOW INJUR	Y OCCUREO				
BY	2 Accident Investigation		/ At home 4	M 1 YES 2 NO						
TED	3 Suicide 6 Could not be 4 Homicide determined 26e. PLACE OF INJURY — At home, term, street, factory, offica City or Rown, Stata) 26t. LOCATION (Street and Number or Rural Route Num City or Rown, Stata)									
COMPLETED				at the time, date and piece, and due		as stated. e to the cause(s) and manner as stated.				
BE C	29b. SIGNATURE AND TITLE OF CERTIF	ER Out		29c. LICENSE NU	MBER 290	d. DATE SIGNED (Month, Day, Year)				
01	20 NAME AND ACCOUNT OF DEPOSIT	UNO COMPUETED ANION		No	6110	7/27/95				
	30. NAME AND ADDRESS OF PERSON V	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	317 Cherry	lane bour	P, 140 20707				
	31. DATE FILED (Month, Day, Year) JUL 3 0 1993	JUNE DEM LOON-	fandell							

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	N 1 DECEDENT'S NAME (First Middle I aut											
	JULY 25,1993								YEAR	3. TIME OF DEATH 7:30A.N		
	4. SOCIAL SECURITY NUMBER	5. SEX 6	S. AGE (In yrs. last b		DER t YEAR	IF UNDER		7 DATE OF	F BIRTH		S. BIRTI	HPLACE (State or Foreign
	578 20 4713 1 M 2X F 71 YRS. MONTHS O						MIN.	Janu.	ary	19,1	922	Washing
	9e. FACILITY NAME (If not institution, give				ITY, TOWN			ATH	1		INTY OF D	DEATH
TOR	14518 PERRYWOO	DD DRIVE		BU	RTON	SVIL	LE			rnon	GOM	ERY
DIRECTOR	106. STATE MD . 10b. COUNTY MO.	TGOMERY		BURTO	NSVI	LLE						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				10	f. ZIP CODE				10a. CIT	IZEN OF 1	1 YES 2 NO
FUNERAL	14518 PERRYWOO					20730			U.S.A.			
₽	11. MARITAL STATUS 1 Never Merried 2 Merried 2 Widowed 4 Diverced	12. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAF	YES 2 NO	ED			n, Mexices	n, Puerto Ric		or No—	Blec	E — American Indian, ik, White, atc. WHITE
TED	15. DECEDENT'S ED (Specify only highest grad		(Give	EDENT'S USUAL	ne during mo	ON ost of working	9	16b. F	UND OF BU	SINESS/INI		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIo. D	K -JE	d.)			7.	י דיד דיזים	DV C	mon.	17
COMPL			PLEK	V -OE	WELE!				EWEL!		TOR	Е
_	17. FATHER'S NAME (First, Middle, Last) HERBERT I	LaFourcad	e			t8. MOTHER'S NAME (First, Middle, Maiden Surname)						
BE	19e. INFORMANT'S NAME (Type/Print)	_ar our cad		MAILING ADDR	ESS (Street	Anna Dwyer Street and Number or Rural Route Number, City or Town, State, Zip Code)						
2	BETTY McGinnis	5	50	00 Ga	rret	t Av	e.,	Bel	tsvi	lle.	Md	. 20705
	20a, METHOD OF DISPOSITION		20b. PLACE AN	D DATE OF DISE	POSITION (Ne	eme of		DATE	20c. LO	CATION —	City or To	own. State
	FEFBuriel 2 ☐ Cremation 3 ☐ Res	moval from State	George George	e Was	hing	ton	Ceme	eter	y 7/	29/9	3 A	delphi, N
	21. SIGNATURE OF FUNERAL MERVICE	ICENSEE /	1									4 CARRO
	> Willer	2. 12	1/1		ST N							
	23. PART I. Enter the diseeses, or	complications that of	caused the deat									Approximate
	iMMEDIATE CAUSE (Final disease or condition	A	0									Onset and D
	resulting in death)	DUE TO (O	OR AS A CONSEOU	ENCE OF):								0.000
ATION		b	OR AS A CONSEQUE									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	b		ENCE OF):								
0	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEOU	PENCE OF):	underlyin	g ceuse o	iven in	Part I. 2	MAS AN	ALITOPSY	2,41	
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	OR AS A CONSEOU	PENCE OF):	underlyln	g ceuse g	iven in		24a. WAS AN PERFOR 1 YES 2	MED?	24b	D. WERE AUTOPSY FINDI AMALABLE PRIOR TO
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are supported by the conditions of	b DUE TO (O	OR AS A CONSEOU	PENCE OF):					PERFOR	MED?	24b	D. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
SICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (O c. DUE TO (O d. DOB contributing to de	OR AS A CONSEQUENT AS A CONSEQ	ENCE OF): Suiting in tha	26. PI	LACE OF DE	EATH (Che	ack only one)	PERFOR	MED?	24b	D. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
SICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the condition	DUE TO (O d. DUE TO (O d. HOSPITAL: 1 Inpetient 2 E 26e. DATE OF IN	PR AS A CONSEQUENT AS A CONSEQUENT PROPERTY OF THE PROPERTY OF	SUITING IN THE	26. PI IER: Nursing Hom 28c. INJ	LACE OF DE	EATH (Che	ack only one)	PERFOR	NO NO		D. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (O d. DUE TO (O d. DOE CONTRIBUTING TO de MOSPITAL: 1 Inpetient 2 E 260. DATE OF IN (Month, Day.	PR AS A CONSEQUENT AS A CONSEQUENT PROPERTY OF THE PROPERTY OF	ENCE OF): Suiting in tha	26, Pi IER: Nursing Horr 28c, INJ WC	LACE OF DE	EATH (Che	ack only one)	PERFOR	NO NO		D. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are sufficient to conditions. It is a sequence of the conditions of the cause of the	DUE TO (O c. DUE TO (O d. DOE TO (O d. DOE TO (O	PR AS A CONSEQUENT AS A CONSEQUENT PROPERTY OF THE PROPERTY OF	SUITING IN THE	26. PI IER: Nursing Horr 28c. INJ WC 1 1	LACE OF DE	EATH (Che	8 Other (28d. DESC	PERFOF	NJURY OC	CURED	D. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
ETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (O c. DUE TO (O d. DUE TO	eath but not red eath but not red eath but not red eath but not red injury Year) injury — At home c. (Specify) y knowledge, deet	DOA OTH DOA 4 1 20b. TIME OF INJURY M	26. PI IER: Nursing Horn 28c. INJ. 1	LACE OF DE	EATH (Che	s Other (28d. Desc. City or	PERFOR	NJURY OC	cured or Rural in Red.	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (O d. DU	eath but not red eath but not red eath but not red eath but not red injury Year) injury — At home c. (Specify) y knowledge, deet	DOA OTH DOA 4 1 20b. TIME OF INJURY M	26. PI IER: Nursing Horn 28c. INJ. 1	LACE OF DE	NO end due	8 Other (28d. DESC	PERFOR	NJURY OC	cured :	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition of the condition	DUE TO (O d. DU	eath but not red eath but not red eath but not red eath but not red injury Year) injury — At home c. (Specify) y knowledge, deet	DOA OTH DOA 4 1 20b. TIME OF INJURY M	26. PI IER: Nursing Horn 28c. INJ. 1	LACE OF DEE	NO end due	8 Other (28d. DESC	PERFOR	NJURY OC	cured :	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation and Sucieties of Could not be determined. 29. CERTIFIER (Check only only 2 MEDICAL EXAMINER) 29b. BIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W	DUE TO (O C. DUE TO (O d. DUE TO	PR AS A CONSEQUENT AS A CONSEQ	DOA OTH DOA 4 1 20b. Time OF INJURY M e, form, street, i	26. PIER: Nursing Horr 28c. INJ. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LACE OF DE DE SURY AT PRK? Pend place, death occurre 29c. LICE	NO end due end at the NSE NUM	26f. LOCAT City or to the causettime, date e	PERFOR Specify Specify RIBE HOW I TOM (Street of Town, State) e(e) end mannd place, and	NJURY OC	cured :	AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

	24 hours
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189	executed
3	2
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Z Z Z	requires
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⋖	The
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou
A I S I C I	ATTENDING
5	8

VDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.		
1 ATTENDING PHYSICIAN: The		
TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: If item 28

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

31. DATE FILEO (Month, Day, Year)

JUL 2 7 1993

JOHN DENTERAL'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. GENEVA, BUDD 2. DATE OF GEATH 3. TIME OF DEATH 93 EAR 23 8:00 P 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTN
(Month, Day, Year)
May 13,1920 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 239-14-4969 1 M 2 X F 73 N. Carolina 9a. FACILITY NAME (If not institution, give street and number)
MONTGOMERY, GENERAL, HOSPITAL 96. CITY, TOWN OR LOCATION OF DEATH OLNEY9c. COUNTY OF DEATH MONTGOMERY RESIDENCE OF DECEDEN 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1 1 YES 2 | NO 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE Muncaster Rd, 19401 20855 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Domestic None 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Unk. Unk. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20855 (Husband) 18401 Muncaster Rd, Gaithersburg, Md Mr James Budd 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE 4 Donalion S D Other (Specify) 17/20 Sandy Spring, Md Memorial Cemetery 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY
Snowden Funeral Home P.A. 246 N. Washington St, Rockville, Lnc Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line.

IMMEDIATE CAUSE (Finel Cardiopulmonary Collabse Approximate Interval Batween **Onsat and Death** disease or condition resulting in death) QUE TO (OR ASIA CONSEQUENCE OF): 2 h75 DS to intestinal
DUE TO (OR AS A CONSEQUENCE OF): hemorrhage Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING Gastrointestinal Hemorrhage CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
No inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 - YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, larm, streel, factory, offica building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Hammon MD M. 7-25-93 D23124 mm 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

DR.CHO

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required that the death continued to account mining projection and the continued by the incidence of alternating projection	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	0	shows any injury or other traumotic event the medical eventue, and provided of once

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 23306

1 - STATE REGISTR	AR	STATE OF MAR	YLAND / DEPART	MENT OF I		MENTA	L HYGIEN	E 93	23	1306	
SAI	NAME (First, Middle, Last)	G.	BEC	CK		MONT	OF DEATH		EAR 3.	TIME OF DEATH	
4. SOCIAL SECTION 18	3-6140	1 M 2 XF	GE (In yrs. last birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	OCTO:	TE OF BIRTH onth, Day, Year) 8. BIRTHPLACE (State Country)			USTRIA	
- 1	ME (If not institution, give MERY GENER OF DECEDENT	STREET AND NUMBER		OLNEY	OR LOCATION OF D	PEATH		9c. COUNTY OF DEATH MONTGOMERY			
MONTGO RESIDENCE 100. STATE MARYLA	10b. COUN	GOMERY		TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND 31 11. MARITAL ST.		COURT		10	20852			10g. CITIZEN OF WHAT COUNTRY UNITED STATES			
3 X Widowed	ATUS ried 2 Merried 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, s	ENDENT OF NISPA ecity Cuben, Mexic 2 X NO Speci	an, Puerto I	I? (Specify Yes Rican, etc.)	or No- 14	RACE — Black, W Specify:	American Indian, hita, etc.	
Elementary/N	15. DECEDENT'S ED (Specify only highest gradiecondary (0-12)	UCATION le completed) Coffege (1-4 or 5+)	(Give kind of w	(Give kind of work done during most of working life. Do NOT use retired.)				BUSINESS/INDUSTRY			
	ME (First, Middle, Last) M GLEIT		SEAMSI	KESS	PRIVA 18. MOTHER'S NAME (First, Middle, Meid FANNY KATZ						
0	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) EMANUEL BECK 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 31 VALERIAN COURT — ROCKVILLE, MD. 20852										
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IMMEDIATE O	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory street, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) s.										
Z Sequentially	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
if any, leadin cause. Enter CAUSE (Dise that initiated	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
PART II. Othe	r algnificant condition	ona contributing to deat	h but not resulting is	the underlyin	g ceuse given in	Part i.	24a, WAS AN PERFOR	MED?	AW	RE AUTOPSY FINDING VILABLE PRIOR TO MPLETION OF CAUSE	
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4 Homick 29e. CERTIFIER (Check only one)		SICIAN: To the best of my k							ause(a) an	d manner se stated.	
2 SIGNATURE	AND TITLE OF CERTIFY	L Blog	MI		299/LICENSE NU	IMBER S		29d, DATE S	IGNED (Mo	onth, Day, Year)	
(Mary /-		HO COMPLETED CAUSE OF - 17904 GEO			IEY, MARY	YLAND	20832	2-2239			
ST. DATE FILED	Month, Day, Year) 2 8 1993	Julia Dendon	ACHOLES.								

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29b. SGNATURE AND TITLE OF CERTIFIER

CHRISTOPHER

31. DATE FILED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be rets	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH YEAR Helen Schafer Boyd 07 24 93 12:30am w 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F 577-32-3097 YRS Sept. 1, 1915 New Jersey 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery General Hospital Olney Montgomery 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 TYES 2 K NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WNAT COUNTRY? 3227 Bel Pre Road 20906 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married BY IF YES, GIVE WAR OR DATES Snecke 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4 Registered Nurse Hospital 17. FATHER'S NAME (First Middle Leat) 18. MOTHER'S NAME (First Middle Maiden Surname) Ludwig Schafer BE Helen Forstoff 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 James M. Boyd, Jr. 4008 South 18th Street, Arlington, Virginia 22204 20e. METHOD OF DISPOSITION
1 □ Burlal 2 🏋 Cremetion 3 □ Ram 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 7/25/93 Montgomery Crematorium, 4 ☐ Donation 5 ☐ Other (Specify) Inc. Bethesda, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00831 Barbara Twhence 23. PART i. Enter the giseases or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseese or condition DOSIZ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Estes CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 X NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 A Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 - YES 2 NO e 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 3 Sulcide 6 Could not be 4 Homicide 29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one)

STEVEN
31. DATE FILEO (Month, Day, Year)
JUL 2 8 1993

PSON MI 1 32. REGISTRAR'S SIGNATURE THE DAVIDSON-RONDER

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	TO THE HORPINL, OR ATTENDING PHYSICIAN. The law requires that the dawn certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNE ALL DIRECTORS ARE CHILDREN THE CHILDREN THE PRESSORE OF THE PROPERTY STATES OF THE FUNE AND THE COMPLETE OF THE PROPERTY OF THE PR			
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	SPITAL O	KERAL D.	un 72 hg	E III	
į	五五	THEFT	be filed within 72 hours after death with the State Dept. of Health and Mertal Hygene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or either traumatic event, the medical examiner must be notified at once.	
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	FOR 1 . STATE	STATE OF MARY	LAND / DE	PARTMEN	IT OF H	EALTH ANI) MENTA	L HYGIFI	VE S	33	233	08
	REGISTRAR		CERT	TIFICAT	E OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							DF DEATH		10.00	3. TIME DE D	EATH
	BELLA BEREZI	NITSKAYA					Teals		1993	YEAR	1:57	A.Mr
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.									
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œ	the same and the same and the same and			R LOCATION DE	DEATH		9c. COU	NTY OF D	EATH			
2	Hebrew Home of Gre	eater Washi	ngton	Roo	ckvil	1e			Mon	tgom	ery	
DIRECTOR	10e. STATE 10b. COUNTY		100	. CITY, TOWN	DB LOCAT	ION!						
8	Maryland Montgo		100	///		17.1					10d. INSIDE C	ITY
	10a. STREET AND NUMBER	мегу	2	ilver							1X YES 2	□ NO
RA		#0.04				ZIP CDOE			10g. CIT	IZEN DF W	HAT COUNTRY	?
FUNERAL	11503 February Cl.	, #204				20904			UN	ITED	STATES	;
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13	. WAS DECI	ENDENT OF HIS	ANIC ORIGI	N? (Specify Ye	e or No-	14. RACE	- American i , White, etc.	ndlen,
ВУ	1 Never Merried 2 Married 3 TW Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	- 1		cify Cubert, Max 2 😾 NO Spe		Rican, etc.)		Specif		
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COMPLETED	12	4	Teach	er				Edu	catio	n		
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First,	Middle, Maider	Surname)			-
E	Jacob Fraer				1	Mirian			,			
00	19+. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRES	SS (Street or	nd Number or Run	nt Coude Alum	has Cibs as To	- Ct-1- 70	0.41	_	
2	Kira Romov (daught	(==)									v 1 20	001
	20a. METHOD OF DISPOSITION					Dr.,						904
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	23. PART I. Enter the diseases, or compilifations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
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	resulting in death) a. METASTATIC CARCINOMA BF BREAST IYEAR											
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	that initiated events	DUE TO (OR AS	A CONSEQUENC	E OF):								-
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- CERTIFICATION	PART II. Other significent conditions	contributing to death						24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY AVAILABLE PRIC	
- 11	PART II. Other significent conditione	contributing to death	but not result	my in the u		ceuee given	n Pert I.	PERFO	RMED?	1		
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- 11	PART II. Other significent conditione	contributing to death	but not result	mg in the u		cedee given	n Pert I.		4		OF DEATH?	
- 11	25. WAS CASE REFERRED TO MEDICAL		but not result	ing in the u		NCE OF DEATH (1 TYES 2	4		OF DEATH?	
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MONTROSE RO, ROCKVILLE, MI

TO REPORT OF THE PARTY OF THE P

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPART	MENT OF H	EALTH AND	MENT	AL HYGIEN	E	3 6	.33	U9.
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DAT	E OF DEATH			WE OF DEAT	TH
i	ENRIQUETA B.	BAQUIRAN	V			JUL		1993	ear 9	:50	Ам
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	- 44.4	E OF BIRTH	8.	BIRTHPLACI Country)	E (State or Fo	preign
	577-92-5392	□ M 2 □XF 86	YRS.	MONTHS DAYS	HOURS MIN.		1, 19		ILLIPE	INES	
-	9a. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	KENSINGTON GARDENS	NURSING HOME		KENSING	TON			MONT	GOMER	RY	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCAT	ION				104	INSIDE CITY	,
E I	MARYLAND MONTGO	ROCKVIL						LIMITS?			
	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEN			NO
FUNERAL	13332 TURKEY BRANCH	I PARKWAY			20853			PHILI	PPTNE	'S	
5		2. WAS DECEDENT EVER IN U.S	ARMED	13. WAS DEC	ENDENT OF HIS	PANIC ORIG	IN? (Specify Yes		BACE - A	nerican Indi	ian,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2-	4E NO		2 A NO Spe		Rican, etc.)		Black, White Specify:	e, etc.	
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TE	15. DECEDENT'S EDUCATI (Specify only highest grade con	mpleted)	(Give kind of we life. Do NOT use	JSUAL OCCUPATION ork done during mo	ON st of working	16	Sb. KIND OF BUS	HNESS/INDUS	TRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEM								
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First	Middle, Maiden	Sumamai			
	ESTEBAN BASA				ISAB			UILLO			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a					de)		
٩	EMELITA B. BAQUIRA	N		TURKEY				CKVILL		2085	53
	20g, METHOD OF DISPOSITION 1	20b. PLA	CE AND DATEO	F DISPOSITION (Na	me of	OA		CATION — City			
	4 Donation 5 Other (Specify)		E OF HE	AVEN CE	METERY	7/2	27 SILV	ER SPR	ING.M	ARYLA	AND
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			O ADDRESS OF						
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	23. PART I. Enter the diseases, or com	pilcations that caused the	death. Do no	ot enter the mo	de of dylng, s	uch aa ca	rdiec or reapi	ratory arrest		Approxim	
	shock, or heart failure. Light IMMEDIATE CAUSE (Finel		2		,				j	Interval B Onset and	
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임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COR	NSEQUENCE OF	:					-		
CERTIFICATION	resulting in death) LAST								!		
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MEDIC	Corchary	- when	dise	art			1 YE\$ 2	NO		LETION OF (EATH?	CAUSE
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
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¥	27. MANNER OF OEATH	☐ Inpatient 2 ☐ ER/Outpatien 28a. OATE OF INJURY	28b. TIME	4 Nursing Hom OF 28c. INJ		_	er (Specify) ESCRIBE HOW II	TITIBLY OCCUR	EO.		
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU	IRY WO	RK? 'ES 2 NO						- 1
Э ВУ	2 Sudalda	28e. PLACE OF INJURY — A	it home, farm, st	reet, factory, office				nd Number or I	Rural Route N	lumber,	
3 Suicide 6 Could not be determined 229. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and ma									- 1		
29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.											
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							tated.				
	296. SIGNATURE AND TITLE OF CERTIFIER	4	4		29c. LICENSE N	IUMBER		29d. DATE SI	GNED (Mont	h, Dave Year)	-
3 BE	(Leon V	Kenton	(M)		10	286	95	•	7/23	143	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)	2	0 0			.	/ /	
	GEORGE S. KEN	TON /40 /	0620	GEORG	SIA A	WE.	SILVE	R SPE	LING	- M	0
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	E02		_	(-)~^	
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	TI THE MISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	TO THE FLUENCE. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be-misd within 72 hours after death with the State Debt, of Health and Mental Hydens prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI CERTIFIC			MENTAL HYGIEN		23310
R	1. DECEDENT'S NAME (First, Middle, Last) DOROTHEA 4. SOCIAL SECURITY NUMBER 214-14-5026 90. FACILITY NAME (If not institution, give s Northwest Hosp					2. DATE OF DEATH BONTH D. D. D. D. D. D. D. D. D. D. D. D. D.	908 Ma	IRTHPLACE (State or Foreign ountry)
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			TOWN OR LOCAT	ION		Dal	10d, INSIDE CITY LIMITS? 1 YES 2 0 NO
FUNERAL	10e. STREET AND NUMBER 66 Pendragon 11. MARITAL STATUS				ZIP CODE 21136		ט	OF WHAT COUNTRY?
BY	1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES		If yes, spi 1 YES	NO Specif	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) 'y:		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Give kind of wor life. Do NOT use r	k done durina mo		Dept	siness/industr	
BE	17. FATNER'S NAME (First, Middle, Lest) Irving F. Be 19a. INFORMANT'S NAME (Type/Print)	arnes	19b. MAILING AI	ODRESS (Street e	Sara	ME (First, Middle, Malden h C. Meise Route Number, City or Tow	1	
5	Katherine E. Ar 20. METNOD OF DISPOSITION 1A Burlel 2 Cremation 3 Rem	20b. PL/	66 P	endrago	n Court	, Reisters	town, M	d. 21136 or Town, State
	21. SKINATURE OF FUNERAL SERVICE LIC		lon Park	22. NAME AN	ory 08/02 D AGORESS OF FA	ciuty eral Chape	timore, l . Owing	Md. 21117 s Mills, Md.
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) Due To (or as a consequence or)							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Cerebro Vascular accident Coll Stroke) DUE TO (OR AS A CONSEQUENCE OF): C. Valvuar Iteart disease — Aoytic & Mitral oue TO (OR AS A CONSEQUENCE OF): d.							
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to deeth but n	ot resulting in t	the underlying	ceuse given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatien		THER:	ACE OF DEATH (Ch			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	0
유	3 Suicide S Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	it home, ferm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
COMPLET		CIAN: To the best of my knowledge						se(e) end manner es stated,
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	Edun k	. H. M)	29c. LICENSE NUN			NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH OSO TO REGISTRAT'S SIGN TUE	Center	i, Lei	neells	two,	UD	521
	AUG 2 '93	gree devident	FAIR.					

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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle Las anor Pauline COOPER 2. DATE OF DEATH 3. TIME OF DEATH Eleanor (00 Mer 8:25 AM 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 204-03-9950 1 🗌 M 2 🔀 F March 15 1915 Pennsylvania use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH Washington County Hospital DIRECTOR Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Boonsboro 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 18445 Lappans Road 21713 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 X NO 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EQUICATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade cor Elementary/Secondary (0-12) page 5 should be detached for College (1-4 or 5+) 12 0 housewife notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Clyde Barnhart Nora Hope McKibbin BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carroll Cooper 18445 Lappans Rd., Boonsboro, Md. 21713 90 29s. METHOD OF OISPOSITION
1-© Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State director. 1 must cereted are Lawn Memorial Park 7-19 Hagerstown, Maryland medical examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MINNICH FUNERAL HOME the funeral 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, and completely filled in by Approximate Interval Batween shock, or heart failure. List only one cause on each line. ŏ IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition_ executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) Atherosc lerotic Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING FUNERAL DIRECTOR: After this certificate has been signed by the attending physician within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to certificate be or other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST that the death shows any Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE RUNEAL DIRECTOR: After this certificate has but the flied within 72 hours after death with the State Deot. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) Hem HOSPITAL OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Rasidence 8 🗆 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 26d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 60 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED Could not be 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3896 191 2 WHO COMPLETED CAUSE OF 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 91993 i Sinden R

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

TO PRIZE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 18 from after the earth of the hospital or attending physician.

TO CHE TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fleed in by a function page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after this certificate has been signed by the attending physician and Merital Hygiene prior to burial, cremator or manner or manner to be notified at once.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF N	(ARYLAND	DEPAR					MENT	AL HYGIEN REG. NO.	_	0	20012
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII		DEA			E OF DEATH			3. TIME OF DEATH
	Margaret	Lò1	iise		Cur	tis			0.7	тн м 23		YEAR	9:15 PM
	The state of the s	SEX	6. AGE (In yrs. In:		IF UNDER		IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or Foreign
	715-46-0478							-5-40		Mar	^y yland		
Œ	9a. FACILITY NAME (If not institution, give stree	t and number)			9b. CITY	, TOWN C	PR LOCATIO	ON OF DE	ATH		9c. COUN	TY OF D	EATH
57	Prince Georges	Gener	al	-	<u>C</u>	leve	rly				Pri	nce	Georges
REC	10a. STATE 10b. COUNTY				Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY LIMITS?
ū	Maryland Prince George's				ındy								1 V YES 2 NO
RA		D	÷			101	ZIP CODE	613					VHAT COUNTRY?
FUNERAL DIRECTOR	Rt 1 Box 11 Reg	. WAS DECEDEN	FVED IN U.S. AD	MED	12	WAS DEC			uc onic	IN? (Specify Yes		SA	
F	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 1	NO		If yes, sp	cify Cuba	n, Mexicai	n, Puerto	Rican, atc.)	or No-	Black Speci	E — American Indian, s, White, atc.
Э ВУ	3 Widowed 4 Divorced						X	apocny			1	apeca	Black
Ĭ	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	(G	CEDENT'S	work done i	CCUPATIO	N st of workin	g	16	b. KIND OF BUS	INESS/INDL	JSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +) ""							D = = = =	. 4. 4		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			HOM	emak	ter	18. MOTN	ER'S NAI	ME (First,	Domes Middle, Malden			
BE C	James Goldring						An	nie	C.	But1	er		
TO E	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	loute Nur	nber, City or Town	n, State, Zip	Code)	
	Richard Goldrin	g		t 1				na					ne MD20613
	1 Buriel 2 Cremation 3 Remova	I from State	20b. PLACE a cemetery, cre	metory or o	ther place)				OA		CATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	Trini	i t y			D ADDRES	S OF FAC	CILITY	l Wal	dorf	N	laryland
	JUm () P.D.		M001	0.1					A	dams			
\dashv	23. PART I. Enter the diseases, or com	polications that			2	060	5 Ag	паѕ	CO	Rd. A	quas	co.	Mary land Approximate
A 1	andck, or heert falture. Liet only ona cause on each line.												
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (of As a consequency of):									Onset and Death			
	resolving in Gallery	DUE TO	OF AS A CONSE	OUENCE O	F):								
NO N	Sequentially list conditions, Disc To (OR As A CONSTQUENCE OR												
XT.	thany, leading to immediate course of the co												
Ĕ	CAUSE (Disease or injury that initiated events	OUE TO	OR AS A CONSEC	DUENCE O	F):								
CERTIFICATION	resulting in death) LAST												
CAL C	PART II. Other significant conditions c	ontributing to	deeth but not r	eeuiting	in tha un	derlying	cause g	lven in i	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2										PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI										1,9(,10,1			OF DEATH? 1 XYES 2 □ NO
ÿ										-			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL: V	Secondary and the	14.00	OTHER		ACE OF DE	EATH (Che	ck only o	ne)			
HYS	1X YES 2 NO 1	28a. DATE OF	ER/Outpatient 3	DOA 26b. TIM		ing Home		sidence		er (Specify) SCRIBE NOW IN	1 II II	LDEO	
ВУ Р	1 Natural 5 Pending	(Month, De	/ 1993	INJ	SSP	WO	AK?	(NO					/Truck
	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At ho			ory, offica			281, LO	CATION (Street a	nd Number o	r Rural A	oute Number,
ETE	4 Nomicide determined			Ctro	t.					or Town, State) 0 bk.	_		House Rd.
APL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAI	N: To the best of	my knowledge, de	ath occurr	ed at the ti	me, deta	and placa,	and dua	to the ca	wee(a) and man	ner as state	d.	
3 Suicide 4 Nomicide 6 Could not be determined 28s. LOCATION (Street and Number or Rural Route Number. (Specify) At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number. (City or fown, State) 6 8 0 0 bk . Dower House (800 bk . Dower House (800 bk .) Dower House (900 cite) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as atsted.							and manner as stated.						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11.	Is MAG				29c. LICE	NSE NUM	BER		29d. DATE	SIGNEO	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO	Mal	U- IVIL	J	21.5		0.	C.M	.E.		0	7/2	4/1993
	PONALD G. WRI	GHT M	D 111			ree	t, E	Balt	imo	ore, M	arvl	and	21201
	31. DATE FILED (1005 0 2" 93	32. REGISTRAT	SIGNATURE .								-/		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

GH							93	23313	
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM ERTIFICA	ENT OF H	EALTH AND DEATH	MENTAL HYGIEN	NE	20010	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH	
	James 4, SOCIAL SECURITY NUMBER 5	Preston		Curti			3 1993	9:19 P.M.	
		6. AGE (In yrs. less	M 2 F 58 YRS, MONTHS DAYS HOURS MIN.					erregen Suntry) aryland	
Œ					OR LOCATION OF D	EATH	9c. COUNTY C	F DEATH	
DIRECTOR	Prince Georges	General		Cheve	rly		Prir	ce Georges	
RE	10a. STATE 10b. COUNTY			WN OR LOCAT				10d. INSIDE CITY LIMITS?	
	Maryland Prince	George's	Bran	dywin				1 X YES 2 NO	
HA				101	. ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	Rt. 1 Box 11 Re	2. WAS DECEDENT EVER IN U.S. ARI	MED	13. WAS DEC		613 NIC ORIGIN? (Specify Ye		S A	
BY F	1 Never Married 2 Married	FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES X	10	If yes, spe	ecify Cuban, Maxico 2 INO Specif	an, Puerto Rican, atc.)		ACE — American Indian, Hack, White, etc.	
	3 Widowed 4 Divorced							Black	
TE	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted) (Gi	CEDENT'S USUA tive kind of work of Do NOT use reti	done durina mo:	ON st of working	16b. KIND OF BL	SINESS/INDUSTR	Y	
PL	Elementary/Secondary (0-12)	College (1-4 or 5 +)	oundk			Tainit	. Momos	rial Cem	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Ounux	eener		ME (First, Middle, Maider	Sumame)	crar cem	
BE (William Curtis				Agnes				
101	19a. INFORMANT'S NAME (Type/Print)	1				Route Number, City or Tox			
, I	Richard Goldrin							e MD 20613	
	20b. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place) Trinity Memorial 20c. LOCATION — City or Town, Stata								
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	LLY ME		D ADDRESS OF FA	CILITY			
	JUN () 8	M00	191	20605				al Home	
	23. PART I. Enter the diseases, or com	infications that caused the de-	eth. Do not e	ntar tha mo	da of dying, auc	th as cardiac or reap	iretory arrest,	MD 20608	
	IMMEDIATE CAUSE (Final	Approximate Interval Between Onest and Death IMMEDIATE CAUSE (Final							
	disease or condition resulting in death)	DUE TO (OR AS A CONSECU	mu	ries					
		DUE TO (OR AS A CONSEQ	NUENCE OF):						
0 N	Sequentially list conditiona, b.	DUE TO (OR AS A CONSEQ	DUENCE OF):						
CAT	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury		,						
틸	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQ	WENCE OF):						
CERTIFICATION	d								
_	PART II. Other significant conditions conditions	ontributing to death but not re	eaulting in the	a undarfyling	cause given in	Part I. 24a. WAS AP		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DIC						1 X YES		COMPLETION OF CAUSE OF DEATH?	
ME						_		1 XYES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL								
SICI	- Control of the Cont	OSPITAL: VER/Outpatient 3	OT OT	HER:	ACE OF DEATH (Ch				
H	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED		
ВУ Р	1 Natural 5 Pending 2 X Accident Investigation	(Month, Day, Year)	7 • 35 D	M 1 V		Passeng	er in .	Auto/Truck	
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At hor building, atc. (Specify)			1	281. LOCATION (Street City or Yown, State	and Number or Rui		
	4 Homicide determined		Stre	et		6800 bk		r House Rd	
3 Guicide a Could not be determined Street Street 281. LOCATION (Street and Number or Rural Rout City or flown, State) 292. CERTIFIER (Check only org) 293. CERTIFIER (Check only org) 294. CERTIFIER (Check only org) 295. CERTIFIER (Check only org) 296. CERTIFIER (Check only org) 296. CERTIFIER (Check only org) 297. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend.									
one) 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated								ee(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11/11/2/14/11	3		29c. LICENSE NUI			IED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM	1 27) (Type Print)		0.C.I	M.E.	07	/24/1993	
	DONALD G. WAR	GHT ND 111	Penn	Stree	t, Bal	timore, 1	Maryla	nd 21201	
	AUG 02 93	32. REGISTRAR'S SIGNATURE Julia Davidson	Andre	•					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HUNGAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within within the factor page 6 may be retained by the hospital or attending physician.

FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

						RE				
	1. DECEDENT'S NAME (First, Middle, Last,				3/13/11/2	2. DATE OF O	EATH DAY		TIME OF DEATH	
	Glenwood	Cvr			July 2		YEAR	1600 1		
	4. SOCIAL SECURITY NUMBER	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF B	RTH	S. BIRTHPL	1600 I		
	006-30-9048	1 D M 2 D F	60 YRS.	MONTHS DAYS	HOURS MIN.	Jul.	23, 193	3 Mai		
	9e. FACILITY NAME (If not institution, give			OF CITY TOWN	OR LOCATION OF D			TY OF DEAT		
2	Marie Company of the						72			
DIRECTOR	Calvert Memori	al Hospital		Prince	Frederic	k	Ca	lvert		
n l	10e. STATE 10b. COUN	TY	10c, CIT	Y, TOWN OR LOC	ATION			10	d, INSIDE CITY	
=	Maryland	Calvert		HUntin					LIMITS?	
	10e. STREET AND NUMBER				J				☐ YES 2 🙀 NO	
2	3026 Abington Ma	nor Drivo		1 2	OI. ZIP CODE 20639	9	10g. CITIZ		T COUNTRY?	
		HOL DLIVE			2003	,		USA		
LONGHAL	11. MARITAL STATUS	12. WAS DECEDENT EV			CENDENT OF HISPA			14. RACE -	Americen Indian, /hite, etc.	
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		S 2 NO Specif		ora.)	Specify:		
	3 Widowed 4 Divorced	Korean						Wh:	ite	
3	15. DECEDENT'S ED (Specify only highest grad		16e. OECEDENT'S	USUAL OCCUPAT	TON	16b. KING	OF BUSINESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	ne retired.)	out or working					
COMPL	12		System	s Engin	eer	Man	agement !	Tech.	, Inc.	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		, Meiden Sumame)			
	Ernest Cyr				Fm:	ilv Tid	ď			
	19e, INFORMANT'S NAME (Type/Print)		19h MAH ING	ADDRESS /SI	and Number or Rural			Codel		
2	Carol L. Cyr								20007	
	200. METHOD OF DISPOSITION				John Smit					
	1 Buriel 2 X Cremation 3 Rec	moval from State	20b. PLACE AND DATE Cometery, crematory or of	ther place)			20c. LOCATION 0			
	4 Donetion 5 Other (Specify)		Huntt Cr	ematory		7-31	Waldorf	, Mary	vland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE FOUN 7. Huntt Funeral Home 22. NAME AND ADDRESS OF FACILITY HUNTT FUNERAL HOME									
	Toon F. Huntt D00227 D. O. Boy 156 Waldorf Md. 20604 0156									
-	Joan F. Huntt D00227 P. O. Box 156, Waldorf, Md. 20604-0156 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
NON	disease or condition resulting in death) CERES RA HEMORRHAGE DUE TO (OR AS A CONSEQUENCE OF): MYDCASTD / 42 NFARET DY B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
	that initiated events	DUE TO (OR	AS A CONSEQUENCE OF	F):						
L	resulting in death) LAST	d								
	resulting in death) LAST	d								
	PART II. Other aignificant condition						WAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDIN	
	resulting in death) LAST	PIS AND 1	ANTICOAGO	water	J ONVEN			AN CC	AILABLE PRIOR TO	
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	PART II. Other aignificant condition THOOM BOLY		ANTICOAGO		J ONVEN		PERFORMED?	CC	MILABLE PRIOR TO	
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	PART II. Other aignificant conditions of the con	Mypcars Mypcars Mypcars Hospital: 1 X inpetient 2 = ER 28e. DATE OF INJ (Month, Day, N building, etc. SICIAN: To the best of my HER: On the best of examiler THO COMPLETED CAUSE O Kerasidis M	/Outpetient 3 DOA URY 28b. TIMI Bar) 28b. TIMI NJ URY At home, ferm, a (Specify) knowledge, death occurre nation end/or investigation	28. OTHER: 4 Nursing Ho E OF 28c. II URY M 1 street, factory, off ed at the time, de on, in my opinion, Print)	PLACE OF OEATH (C) PLACE OF OEATH (C) IND 5 Residence NUMBY AT ORK? VES 2 NO Ice te end place, end duct death occurred at the 29c. LICENSE NU 142	a Other (Spe 28d. DESCRIB 28f. LOCATION City or Tow to the cause(e) 1 time, date end	PERFORMED? YES 2 NO Official Performance North Performance	URED or Rural Routed and .	ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Carri	110			2. DATE OF D	DAY	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	RTN Year) (8. BIRTHPLA Country)	ICE (State or Foreig	
TOR	99. FACILITY NAME (If not institution, give a		07	A Samuel	DR LOCATION OF DI			Peru NTY OF DEAT	N	
DIRECTOR	10a. STATE 10b. COUNTY	gomery	7	TOWN OR LOCAT	TION				d. INSIDE CITY LIMITS?	
FUNERAL	901 Arcola Ave.				0902			izen of what	COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 3NO	If yes, sp	ENDENT OF NISPAI ecify Cuban, Mexica 2 NO Specify	in, Puerto Rican,	etc.)	Specify:	American Indian, hite, etc.	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 8+)	Ilfe. Do NOT use i	k done during mo etired.)	ON		of Business/ind			
E COMPL	12 17. FATHER'S NAME (First, Middle, Last) Eujtaquio Ochoa		I Homer	naker	18. MOTHER'S NA Ercilia		Melden Surneme)			
TO BE	19e. INFORMANT'S NAME (Type/Print) Ida Hedegos				ind Number or Rural La. Roc					
	20e. METNOD OF DISPOSITION 1 ↑ Burlel 2 ↑ Cremetion 3 ↑ Rem 4 ↑ Donation 5 ↑ Other (Specify)	oval from State C8	b. PLACE AND DATE OF	r plece)		DATE 20c. LOCATION — City or Town, State				
ı	Gate of Heaven Cem. 8-2-98 Silver Spring Sinal Silver Spring Silver Spri									
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. ASCIT DUE TO FOR AS c. DIEBE	A CONSEQUENCE OF): A CONSEQUENCE OF):	ellis						
MEDICAL	PART II. Other significant condition	is contributing to death	but not resulting in	the underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	CO OF	RE AUTOPSY FING ILABLE PRIOR TO MPLETION OF CAI DEATH? YES 2 NO.	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	tpatient 3 DOA 4	THER:	ACE OF DEATH (Ch		cifu)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJ	URY AT		E HOW INJURY OC	CURED		
- 1	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, strast, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, strast, factory, offica City or Town, State)									
ETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. The contract of the cause(e) end manner as stated. T									
ETE	(Check only								d manner ae state	
TO BE COMPLETED	(Check only	R Con the basis of examination	on and/or investigation,	In my opinion, de		time, date end p	place, and due to th			

Special Victory

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FOR

NOROCONT NAME (PT.) AND DET CTUYSEN **NOROCY VAN DET CTUYSEN **NOROC		1 - STATE REGISTRAR		CI	ERTIF	ICATE C	F DEA	TH	MICHIAL	REG. NO.			
NAME OF A DET CTUYSEON A SOCIAL SECRETIVE MARKET IN A SEX SEX SEX SEX SEX SEX SEX SEX SEX SEX		1. DECEDENT'S NAME (First, Middle, La	ef)			10.11.2				OF DEATH			TIME OF DEATH
A SOLA SECURITY MARKET OF CORPORATION STATES AND A SOLAR SECURITY MARKET CROSS OF PROPERTY OF THE STATE OF STATES OF												1840 M	
The street was remarked for a street control of the street of a street of the street o		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.		F BIRTH	-	6. BIRTHPL	
Shady Grove Adventist Hospital Shady Grove Adventist Hospital Rockville Montgomery Rockville Montgomery Rockville Montgomery Rockville Montgomery Rockville Montgomery Rockville No. Governor No. Gove		572-12-8247	1 □ M 2 🔀 F	73	YRS.	MONTHS DAY	8 HOURS	MIN.			919		ornia
State Street N. W. W. Proced 20007 United States		9a. FACILITY NAME (If not institution, gi	ve street and number)			96. CITY, TOV	N OR LOCAT	ION OF D	_				
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SETERCT AND NAMES 100.000 100.0000 100.00000 100.0000000 100.000000000 100.0000000000	E	100. COU										10	Dd. INSIDE CITY LIMITS?
DECEMBER 1 OPPOPURE SPECIAL CONTINUES South So		10a STREET AND NUMBER			Wa	shingt							
DEPOTENT OF THE PROPERTY OF TH	RA	- Committee of the Comm						_			1		
DECEMBER 1 OPPOPURE SPECIAL CONTINUES South So	Z I			IT EVEN IN U.S. AS									
Traduce Coleman Inc. Lightbody Inc. Manager Rural Rule Lightbody Inc. Manager Rural Rule Rule Rule Rule Rule Rule Rule Rul	B	1 Never Married 2 Married	FORCES? 1	YES 2 X		If yes	specify Cub	en, Mexica	an, Puerto Ri	(Specify Yea can, etc.)	or No-	Black, V	Vhite, etc.
Traduce Coleman Inc. Lightbody Inc. Manager Rural Rule Lightbody Inc. Manager Rural Rule Rule Rule Rule Rule Rule Rule Rul		15. DECEDENT'S E	DUCATION	16a. DE	CEDENT'S	USUAL OCCUP	TION		16b.	KIND OF BUS	SINESS/INDU	STRY	
Traduce Coleman Inc. Lightbody Inc. Manager Rural Rule Lightbody Inc. Manager Rural Rule Rule Rule Rule Rule Rule Rule Rul				+) Illo.	. Do NOT u	e retired.)	most of work	ing					
Traduce Coleman Inc. Lightbody Inc. Manager Rural Rule Lightbody Inc. Manager Rural Rule Rule Rule Rule Rule Rule Rule Rul	M P		2	Le	egal	Secret	ary			Law Of	ffice		
The Informant's Name (PyperPrint) The Informant's	8						18. MO1	HER'S NA	AME (First, Mi	ddle, Meiden	Surname)		
Number N	띪												
20. MATE NO DOT DISPOSITION 10. Burful 2 is Cremetter of James 1 and James 1 and James 2													
Burtal 2 Dicermention 3 Removal from State	,		SOII					_					
22. NAME AND ADDRESS OF FACULTY ROBERT A. Pumphrey Funeral Home/Bethesda, Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814 23. PART I. Enter the diseases, or complications that calged the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death of the Committee of the Comm		1 Buriel 2 2 Cremetion 3 R	emoval from State	20b. PLACE /	Metory or o	OF DISPOSITION ther place)	(Neme of 7	/27/	93 OATE	20c. LO	CATION — CI	ty or Town	, State
29. PART II. Other degrificant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pinel diseases or complications that calged the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death Onset an			LICENSER	Money	Jomer	y Crem	AND ADDRE	um,	Inc.	Bet	thesda	, Ma	ryland
22. PART I. Enter the diseases, or complications that calged the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Pine)		Inome/betnesda-chevy chase. Inc. 7557											
IMMEDIATE CAUSE (Fine) Interval Between Onset and Death		1 Vaice	len	4. I	10080	3 Wisc	onsin	Ave	nue, 1	3ethes	sda, M	iaryl	and 20814
IMMEDIATE CAUSE (Finel disease or condition resulting in death)		23. PART i. Enter the diseases, of shock, or heart failure.	or complications that re. List only one cau	t caused the de	ath. Do i	not enter the	mode of dy	ing, suc	h as cardi	ac or respi	ratory arre	st,	
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1		IMMEDIATE CAUSE (Fine)											
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PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PRIDINGS AMAILABLE PRIOR TO COMPLETED CAUSE OF DEATH (Check only one) 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	뷴	resulting in death) LAST	d.										
PERFORMED? YES 2 NO NO	ö	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause gives in the significant conditions.											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH Normal 5 Pending Investigation 3 Suicide 4 Normal 5 Could not be determined 28. PLACE OF DEATH (Specify) 28. INJURY M Netural 5 Pending Investigation 3 Suicide 4 Normal 5 Could not be determined 28. DATE OF INJURY INJURY M Netural 5 Normal 5 Normal State of Investigation 3 Suicide 5 Could not be determined 28. PLACE OF DEATH (Month, Dey, Vear) 28. THERE OF DEATH (Normal State of INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. LICENSE NUMBER	₹ I	TAIT II. Other argumeant condit	ione contributing to	deeth but not n	esuiting	in the underly	ing ceuse	given in	Part I.			AV	MILABLE PRIOR TO
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	ă								-	1 TYES 2	ĭ NO		
Accident Survival												1	☐ YE\$ 2 ☐ NO
Accident Survival	AN	25 WAS CASE DEFENDED TO MEDICAL											
Accident Survival	S I												
Accident Survival	¥							esidence	1				
3 Suicide 4 Homicide 5 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 5 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7 / 2 7 / 9 3		MX Natural 5 Pending	(Month, D	ey, Year)		URY	WORK?	7 NO	28d. DESC	RIBE HOW IN	NJURY OCCU	RED	
4 Homicide determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7 / 2 7 / 9 3		25a PLACE OF INITIDY At he						_ NO	204 1 0047	10hl (0		0 10	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Dey, Year) 7/27/93	ETED	4 Homicide determined building, etc. (Specify) City or Town, State)									e Number,		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297/27/93	COMPL	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										nd manner as stated.	
9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Res. Prior)		296. SIGNATURE AND TITLE OF CERTIF	IER .				29c. LIC	ENSE NUI	MBER	<i>a</i>	29d. DATE	SIGNED (M	onth, Dey, Year)
		K . 3 . COS	-11				1	2-	783	0	▶ 7,	127/	93
9019 Shadygrove Ct, gaithersburg MD 20877		9019 She	ady 9 70	SE OF DEATH (ITEN	1 27) (Type,	Print)	there	bai	9	MD	20	38.	77
31. DATE FILEO (Month, Day, Year)		31. DATE FILEO (Month, Day, Year)	John David	R'S SICHOTURE	SC.				0				
11 11 2 0 1111 2 7 MAINTAIN AND AND AND AND AND AND AND AND AND AN	- 1	· JUL 6 0 1993	47		Name of Street								

THE HOLFTON DATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 6 may be retained by the hospital or attending physician.
IN THE HOLFTON: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retain	PAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh It hours after death with the State Deut, of Health and Mental Hoteine prior to burial, cremation, or removal	Illem 28 is marked or Hem 23 shows and internal control of the second second and the market of the second s
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E	产作	2

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	MENT OF H	IEALTH AND DEATH		9 HYGIENE REG. NO.	3 23317
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		3. TIME OF OEATN
		HANG				MONTH 7		93 1616 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH 8	BIRTNPLACE (State or Formion
	none	1 € M 2 □ F 2	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, D	5 71 C	Country)
	9e. FACILITY NAME (If not institution, give s	treet and number)	91	b. CITY, TOWN C	OR LOCATION OF D	<u> </u>		Y OF DEATN
5	SUBURBAN 1	HOSPITAL		Ro-	THESE	A	Mark	Trauling.
DIRECTOR	RESIDENCE OF DECEDENT			100	11030		MOD	TEOMERY
2	10a. STATE 10b. COUNTY	1	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
	MD MOO	UT GOMER	4 35	THES	DA			1 YES 2 NO
BY FUNERAL	10e. STREET AND NUMBER		,	10f	ZIP CODE	0817	10g. CITIZE	N OF WHAT COUNTRY?
1 8	7312 BARRA	DV			-	.0017	CHIA	/A
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN L		13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (S		I. RACE — American Indian.
1 5	1 Never Merried 2 Merried	FORCES? 1 YES		It yes, spi	ecify Cuben, Mexic 2 ⊠ NO Speci	en, Puerto Rica	n, etc.)	Bleck, White, etc. Specify:
	3 Widowed 4 Divorced			1 1 123	E ES INO OPEC	η.		Asian
	15. DECEDENT'S EDU (Specify only highest grade		6a. DECEDENT'S USI	UAL OCCUPATIO	ON :	16b. KII	ND OF BUSINESS/INDUS	STRY
[Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	t done during mo etired.)	st or working			
. Ē		1	Studen	t			College	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Midd	lle, Maiden Surneme)	
E 111	Jen-Chiang (Chang			Jen	Hwa C	hang	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a			City or Town, State, Zip Co	orfel
2	Richard Chang						, Maryland	
8	20a. METNOD OF DISPOSITION	20b P	LACE AND DATE OF D				20c. LOCATION — CIT	
TEN TEN TEN	1 Donation 8 Other (Specify)	oval from State	ery, crematory or other atgomery	piaca)	7/30/	93 DATE		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		regomery					-
menical examiner	011			Robert	A. Pum	phrey	Funeral Ho	ome/ nc. MD 20814-3501
	Kaluf to	unh	M00198	7557 V	Visconsi	n Ave.	,Bethesda,	MD 20814-3501
	23. PART I. Enter the diseases, or o	omplications that caused t	he death. Do not	enter the mo	de of dying, suc	ch es cerdiec	or reepiratory erres	t, Approximate
	IMMEDIATE CAUSE (Fine)	LIST Only one cause on esc	n line.					interval Between Onset end Death
		ANONIC	FATTE		DAT.	/1/		
	resulting in death)	DUE TO (OR AS A C	ONSEQUENCE OF):	MMLO	FISTE	7		48 HYS
2 2		BAR	(11/a	Ani	APUVI A			
RTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):	/1///	THILA	V3		
A I	cause. Enter UNDERLYING		•					1
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):					
	resulting in deeth) LAST							1
2 3		1						
	PART II. Other significent condition	s contributing to deeth but	not resulting in t	he underlying	ceuse given in	Part i. 24	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
						1,1	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						`'		OF DEATH?
						_		1 TES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	neck only one)		
S	EXAMINER?	HOSPITAL:		THER:				
. E	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O		B 5 Residence		BE HOW INJURY OCCUI	DED.
	1 Netural 5 Pending	(Month, Day, Year)	3 /700	WO	RK?	5-1	£ 11011 110011 00001	
B B	2 Accident Investigation 3 Suicide B Could not be	280. PLACE OF INJURY	V			281 LOCATIO	0-1N / K	BE
	4 Homicide determined	building, atc. (Specify		n, rectory, office		City or To	NN (Street end Number or win, State)	HURSI Houte Number,
	29e. CERTIFIER		HOME				#/0	
T d	(Check only	CIAN: To the best of my knowled						
COMPLETED	2 MEDICAL EXAMINE	R: On the beele of examination a	nd/or investigation, is	n my opinion, de	eath occured at the	time, date end	place, end due to the o	euse(e) end manner ee stated.
ш	296. SIGNATURE AND TIPLE OF CERTIFIES	7//	- 10		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
m ·	JE (Much	118		DAYA	06	Þ-7-	10-05
2	30. NAME AND ADDRESS OF PERSON WHI	and the second	-		00 10	17	7	~7 75

D COMPLETED CAUSE OF DEATH (ITEM EN (Spin, Print)

VLB 10215 FCRN (1000)

32. REDISTRAR'S SIGNATURE

THE DEWY COON-PARTICLES.

FRANCIS C M 31. DATE FILED (Month, Day, Year) JUL 3 0 1993

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	death.	
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	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	
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-	death	
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	ATTEN	-

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND	MENTAL HYGI		, ,	23310
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			. TIME OF DEATH
	GAIL T.K. CHANG					July 2		PASY	4:50 p
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year			ACE (State or Foreign
	492-60-5111	1 🗌 M 2 📉 F	49 YRS.	MONTHS DAYS	HOURS MIN.	June 3,		Taiw	an
~	9e. FACILITY NAME (If not Institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF		9c. COUNT		
DIRECTOR	Holy Cross Hospi	tal		Silver	Spring		Mont	gome	ry
R	10e, STATE 10b, COUN	TY	10c. CITY,	TOWN OR LOCAT	TION			10	Dd. INSIDE CITY
		gomery	Silv	er Spri	lng			_ 1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WH	AT COUNTRY?
Ü	11426 Classical 1			2	20901		USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMEO	13. WAS DEC	ENOENT OF HISPA	ANIC ORIGIN? (Specify	Yes or No- 1	4. RACE -	- American Indian, Vhite, etc.
BY	1 Never Merried 2 🕅 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Spec	en, Puerto Rican, etc.		Specify:	vriite, etc.
ED E								aiwa	nese
TE	15. DECEDENT'S EDI (Specify only highest grad	le completed)	(Give kind of we	ork done during mo	ON ast of working	16b. KIND OF	BUSINESS/INDU	STRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use						
COMPLET	17. FATHER'S NAME (First, Middle, Linst)	5+	Medical	Techno1				spit	al Center
- 1					ľ	AME (First, Middle, Mel	den Surname)		
BE	F. C. Chen				S. W				
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or	Town, State, Zip C	iode)	
	Ben Chang		11426	Classic	al Lane	Silver	Spring,	MD :	20901
	20e. METHOD OF DISPOSITION 1 KBurlel 2 Cremetion 3 Ren	noval from State cem	PLACE AND DATE OF	F DISPOSITION (Na	ame of	DATE 20c.	LOCATION CI	ty or Town	, State
	4 Donation 5 Dother (Specify)	A G	ate of He	aven Ce	metery	7/26/93 S:	ilver S	pring	g,MD
	21. SIGNATURE OF PUNERAL SERVICE L	CENSEE / //		22. NAME AN	O ADDRESS OF F	ACILITY			
	Hines-Rinaldi Funeral Home 11800 New Hampshire Ave Silver Spring, M								
	23. PART i. Enter the diseases, or	complications that caused	the death. Do no	t enter the mo	de of dulpa eu	ab se service es re	AE DIT	ver :	
	snock, organian issure.	List only one cause on as	ch line.	t enter tha mo	de or dying, su	cn ss cardiec or re	apiratory arres	st,	Approximate interval Between
	IMMEDIATE CAUSE (Finei disease or condition	1 + 1 1	0		10 1				Onset and Death
ļ	resulting in death)	. Lewill Ne	ruous Jy	yeur t	Kmouh	age			8 HOURS
		DUE TO (OR AS A B. Herrolyt	CONSEQUENCE OF		C. A.				5
ON	Sequentially list conditions,	b. Hemblyt	u uno	me.	ynare	mo			JWKS
F	if sny, laeding to immediate cause. Entar UNDERLYING	DUE TO OH AS A	CONSEQUENCE OF)	:	,				
윤	CAUSE (Disease or injury C.								
E	that initiated events resulting in death) LAST								j
CERTIFICATION		d							
AL	PART II. Other algnificant condition	na contributing to death bu	it not resulting in	the underlying	ceuse given in	Part i. 24s. WAS	AN AUTOPSY	24b, W	ERE AUTOPSY FINDINGS
EDIC	_ Gastrie	Cancer					FORMED?		MILABLE PRIOR TO MPLETION OF CAUSE
						' ' ' ' '	2 NO		DEATH?
Σ.								'	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28 01	ACE OF DEATH (C	hack only and			
SICI	EXAMINER?	HOSPITAL:		OTHER:					
HYS	27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Output 25e. DATE OF INJURY	26b. TIME			6 Other (Specify)			
<u>م</u> ا	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK?	28d. DESCRIBE HO	W INJURY OCCU	RED	
ĭ B	2 Accident Investigation	DO DI ACE OF IN HIP	44.5		ES 2 NO				
	3 Suicide 6 Could not be 4 Nomicide descriptioned 28e. PLACE OF INJURY At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY At home, farm, atreet, factory, office City or Town, State)								Number,
<u>.</u>	non opposition								
PL		ICIAN: To the best of my knowle							
COMP	2 MEDICAL EXAMINI	ER: On the beele of examination	end/or investigation,	in my opinion, de	eath occured at the	time, date end place,	end due to the	ceuse(e) er	nd manner ee stated.
w II	29b. SIGNATURE AND TITLE OF CERTIFIE	R/ IA.	P		29c. LICENSE NU	MBER	29d. DATE S	SIGNED (M	onth, Day, Year)
00		(LUMO)	^		D224	07	> 7	17.21	93
2	30. NAME AND ADDRESS OF PERSON WI	TO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	Print)	11-1			1 5-1	1-
	JOSEPH M. HA	AGGERTY M	D 146	PAR DU	Gerra.	C / A10	DACK.	1,110	MD 20850
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SHOWN	TUREOD	00	7314/42	- LANE	NUR	I CLE	11.10 -0320
	JUL 2 6 1993	Jula vandson-Na	-						
110	- 1000								

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	E	20013
	1. DECEDENT'S NAME (First, Middle, Last) CHIEN	Chien Co	HEN	Chen	2. DATE OF DEATH MONTH 7 - DA	22-95	3. TIME OF DEATH
	21/-94-2141	122 M 2 □ F 74	MONT	NDER 1 YEAR IF UNDER 24 HRS HB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	- Count	HPLACE (State or Foreign ny) ndonesia
TOR	98. FACILITY NAME (If not institution, give stre	Adamtist Ho	96.	ROCK VICLE	DEATH	MONT (Egomery SOMERY
DIRECTOR		gomery 760MbKy		MIRTIGHE KILLULE			10d. INSIDE CITY LIMITE? 1 VES 2 NO
FUNERAL	120 MONKOE	Apt #101	101	101. ZIP20985(208		U.S.A	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATE:	NO	13. WAS DECENDENT OF HISP If yes, specify Cubary, Maxi 12 YES 2 Spe	can, Puerto Rican, etc.) olly:	or No 14. RACI Black Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retin	L OCCUPATION one during most of working od.)	16b. KIND OF BUS		
MP	17. FATHER'S NAME (First, Middle, Last)	4 Yrs	Unemplo		None		
E CC	Chen Chang	Te			NAME (First, Middle, Maiden	•	
00		(Wife)	196. MAILING ADDR	ESS (Street and Number or Run	Su Lian A Poute Number, City or Town	. State Zio Code)	0050
2	1	nen	120	Monroe St.			
	20s. METHOD OF DISPOSITION 1 General Disposition 3 Remove	ral from State 20b. PL	ACE AND DATE OF DIS	POSITION /Name of		CATION — City or To	
	4 Donation 5 Other (Specify)	Me	tropolit	an Cremato	r7/24 Ale	xandria	ı,Va
	21. SIGNATURE OF FUNERAL SERVICE LICE	2 Arwn	and	²² NAME AND AODRESS OF Snowden Fu 246 N. Was	hington S	t, Rock	20850 ville, Me
	23. PART I. Entar tha diseases, or co shock, or heart fallure. Li	mplicational that caused the	e deeth. Do not ar	iter the mode of dying, su	ich es cerdiec or respi	ratory errest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Aortic	Aneur	cysm			Onset and Death
	resulting in death) e.	DUE TO (DR AS A CO	ANY SI	PERYSM			ACUTES
,	_	DUE TO (DR AS A CO	MSECUENCE OF):				
0	Sequentielly list conditions, if any, leading to immediate	DUE TO (DR AS A CO	INSEDUENCE DF):				
SA	cause. Enter UNDERLYING CAUSE (Disease or Injury						
F	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE ()F):				
CERTIFICATION	d.						
4	PART II. Other significant conditions	contributing to death but r	not resulting in the	underlying ceuse given i	Part I. 24a. WAS AND PERFOR	MEO?	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						(a)	OF DEATH?
ä							
2		HOSPITAL:	ОТН	26. PLACE OF DEATH (C	Check only one)		
HYS	1 D ES 2 NO	28e. DATE OF INJURY	nt 3 DOA 4 D	Nursing Home 5 Residence 28c. INJURY AT			
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?	284. DEŞCRIBE HOW IN	JURY OCCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — / building, atc. (Specify)	At home, ferm, street,		28f. LOCATION (Street a City or Town, State)	nd Number or Rural F	Route Number,
ETE	4 Homicide determined				Sily Si valini, Glady		
COMPLETED		AN: To the bast of my knowledg On the basis of examination an) and menner as stated.
BEC	ME SIGNATURE AND TITLE OF CERTIFIER	11/1	//1	29c. LICENSE N	JMBER	29d. DATE SIGNED	(Month, Day, Year)
TO B	4 court	Muste	10	DOT	099	17-2	2-93
	FRANCIS CMAG	COMPLETED CAUSE OF OBATH	FERNWO	OD AS Ba	146381	Mos	2815
	JUL 2 6 1993 ft	32. REGISTRAR'S SIGNATURA DAVIDSON-Rand	RE Lago				

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14. 11

should

permit. Pages 1, 2, 3 ;

burial-transit

use as the

P

detached

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funeral director, page 5 should

filled in by the or removal.

AUG 0 3 '93

32. REGISTRAN'S SIGNATURE
Julia Davidson-Randall

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
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DIVISION OF YELDER RECORDS, P.O. BOX 68/60,	9	ter
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN Emma Charlotte Cannon 1993 WIMA Aug. 01, 7:30 a.m. GANNON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 XF 213-22-6808 YRS 07-07-1925 68 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 2566 Hoopers Island Road Fishing Creek Dorchester RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Dorchester Fishing Creek 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2566 Hoopers Island Road 21634 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 RO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Wes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 M NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify BY 3 Widowed 4 Divorced White/Cauc. COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 11th Quality Controller Publishing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ George C. Parks, Sr. BE Martha Ann Woodland notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21634 19a. INFORMANT'S NAME (Type/Print) 2 (husband) Calvert C Cannon 2566 Hoopers Island Rd. Fishing Creek, MD 60 20s. METHOD OF DISPOSITION 1 X Burlel 2 Commetter 2 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Porchester Mem. Pk. 4 Donation 8 DONer (Specify)
21. SIGNATIONS OF FUNERAL SERVICE 8-4 Cambridge, MD. examiner FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Curran Funeral Home 22 PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on each fine. 21613 medical **Approximate** interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition ____ SEPSIS luk evant, DUE TO (OR AS A CONSEQUENCE OF): PANCYTO PENIA OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury or other that initiated events resulting in death) LAST shows any injury, PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** HOSPITAL OTHER: 1 TYES 2 THO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 Nesidence 6 - Other (Specify) 10 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED is marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide Hem 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. = 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D33622 al dance ZH16 95 2 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OD ATTENDIAL DUVELPIAN. The law consists that the death careifords he assessed within
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	1. DECEDENT'S NAME (FIRST	MAJES	4. 1		wood D	AYHOFF,	SR.		DATE OF DEATH	DAY	MEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	L. DAY NOFT						24	5			
	219-20-3293	5. SEX	6. AGE (In y	rs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS 24	HRS. 7.	March 1	ATÉ OF BIRTH Month, Day, Year) March 11,1925 Ma				
	9a. FACILITY NAME (If not in	nstitution, give s	street and number)	·		9b. CITY, TOWN	OR LOCATION						
DIRECTOR	Washington		y Hospita	1		Hage	erstow	1		Was	shin	gton	
3EC					10c. CIT	Y, TOWN OR LOCA	ATION					10d. INSIDE CITY	
	Maryland Washington				Н	agerstov	m					LIMITS?	
FUNERAL	100. STREET AND NUMBER 912 Antietam Drive 101. ZIP CODE 217/2							10g. CIT		WHAT COUNTRY?			
JNE	11. MARITAL STATUS	am DII	12. WAS DECEDEN	T EVER IN II	S ADMED	12 MMC DE	2174		ORIGIN? (Specify Y	1	USA		
	1 Never Married 2	Transfer of the Control of the Contr	FORCES? 1	X YES 2	□ NO	If yes, a		Maxican, Pr	uerto Rican, etc.)	an or No —	Black	E — American Indian k, Whita, etc.	
D BY	3 Widowed 4 Divo		W.	W.II			- <u>N</u>	opoony.				ite	
TED	(Specify only	CEDENT'S EDU	completed)		(Give kind of life. Do NOT us	VSUAL OCCUPAT work done during m	ION lost of working		16b. KIND OF B	JSINESS/INC	DUSTRY		
COMPLET	Elementary/Secondary (0	0-12)	0 equipment				erato	5	consti	uctio	on		
So	17. FATHER'S NAME (First, M		1 66				18. MOTHE	R'S NAME ((First, Middle, Maide	n Surname)			
BE	James Willi		yhott ————						Riley				
2	Juanita Day								Number, City or To				
	20a. METHOD OF DISPOSIT	TION		20b. PL	ACE AND DATE	OF DISPOSITION /A	lame of	nage		MCI. Z	=		
	1 Surial 2 Crematic		oval from Stata	Re	y, crematory or o	ther place) en Cemet	ery	į,					
	21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Rest Haven Cemetery 7-15 Hagerstown, Maryland 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME											
	200	WI	1/16	in.	nuk					gerst	own.	Md. 217	
	resulting in deeth)	→ ,	· CA	RAYO	Per.	MONT	RY	AR	REST	pratory arr		Approximat Interval Bat Onset and I	
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CERTIFICATION	Sequentially list conditi if any, lacking to imme- cause. Enter UNDERLYI CAUSE (Disease or inju	diate ING ury	. ME	TAS LUM	ATTIC Macdulatice of G	LA LA	RY RGE	AR	REST			interval Bat Onset and	
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BY PHYSICIAN: MEDICAL	Sequentially list condition of the cause. Enter UNDERLYI CAUSE (Disease or injusted limited events resulting in death) LAST PART II. Other signification of the cause of the c	ant condition	b. DUE TO OUE TO	OF AS A CO	not resulting	OTHER: 4 Divising Hore Linky Milky M	LAGE OF DEA	en in Pari	E L. 24a. WAS A PERFO 1 YES	CAA HAUTOPSY PAMED? 2 X HO	RC/I	MERE AUTOPEY FINE ANALABLE PROOF TO COMPLETON OF CAL	
ED BY PHYSICIAN: MEDICAL	Sequentially list condition of the cause. Enter UNDERLYI CAUSE (Disease or injust in the initiated events resulting in death) LAST PART II. Other signification of the cause o	ant condition D MEDICAL	b. DUE TO OUE TO	OF AS A CO	not resulting	or the underlying the correction of the underlying the correction of the correction	LAGE OF DEA	en in Pari	ELL 24a. WAS A PERFO 1 TYES	N AUTOPSY PIMED? 2 MO	RC/I	MERE AUTOPEY FINE ANALABLE PROOF TO COMPLETON OF CAL	
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ED BY PHYSICIAN: MEDICAL	Sequentially list conditi if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAST PART II. Other signification of the condition of the	ant condition MEDICAL Pending investigation Could not be determined	b. DUE TO OUE TO	OR AS A CO OR AS A CO death but r ER/Outpatie INJURY - r inc. (Specify) Thy knowledge	In 3 DOA 28b. THE NATIONAL TERMS AND ALL THE NAT	on the underlying at the line, dat	LAGE OF DEAL ORS 2 DRY AT ORS 2 DRY S COR.	en in Part TH (Check or 28d 100 28d	E L. 24a. WAS AI PERFO 1 VES OTHER (Specify) 5. DESCRIBE HOW City or Shirin, State	AUTOPSY MALEO? 2 X NO INJURY OCCURRED MALEOR	28h.	Interval Bat Onset and I Onset	
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BE COMPLETED BY PHYSICIAN:	Sequentially list condition of the cause. Enter UNDERLYI CAUSE (Disease or injusted events resulting in death) LAS' PART II. Other signification of the cause of	Pending Investigation Could not be determined	DUE TO OUR TO OU	OFFI AS A CO OFFI AS A CO death but r ER/Outpatter NJURY (**Non') RELURY — (**Recoly) my knowledge aminestion sen	DISEQUENCE OF STREET OF THE ST	on the underlying 126. P	LAGE OF DEAL TORKY TYES 2 No e and place, at death accured	en in Part TH (Check of 28d 10) 28f. Id due in the time,	ELL 24e. WAS A PERFO 1 VES OTher (Specify) 5. DESCRIBE HOW I. LOCATION (Smethod of the Course(s) and me course(s) and me course(s) and me course(s) and me course(s) and me course(s) and me course(s) and me course(s) and place, a	AUTOPSY MADE NUMBER OCCURRED AUTOPSY OCC	24b.	Interval Bat Onset and I Onset	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditi if any, leading to immercause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS' PART II. Other signification of the second of the signification of the second of the	Pending Investigation Could not be determined	DUE TO OUR TO OU	OFFI AS A CO OFFI AS A CO death but r ER/Outpatter NJURY (**Non') RELURY — (**Recoly) my knowledge aminestion sen	DISEQUENCE OF STREET OF THE ST	on the underlying 126. P	LAGE OF DEAL TORKY TYES 2 N TORKY THE STATE OF THE STATE	en in Part TH (Check or lence \$ 128d to 28d to 28d to 18th time, the time,	ELL 24e. WAS AL PERFO 1 YES Other (Specify) 5. DESCRIBE HOW City or Town, Street City or Town, Street as cause(s) and ma	AUTOPSY MALED? 2 NO INJURY OCCURRED AND AUTOPSY OCCURRED AUTOPSY OCCURRED AND AUTOPSY OCCURRED AUTOPSY OCCURRED AUTOPSY OCCURRED AUTOPSY OCCURRED AUTOPSY O	24b. 24b. CURED or Rose A	interval Bat Onset and I Onset	
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	1 - FOR STATE REGISTRAR		LAND / DEPARTM CERTIFIC	IENT OF H	DEATH AND	MENTAL	HYGIENE REG. NO.			022	
	1. DECEDENT'S NAME (First, Middle, La JOHN	Α.	•		AHL	2. DATE O		Y 5	AR	ME OF DEATH	т А. м
	4. SOCIAL SECURITY NUMBER 243-28-7535	1 XM 2 □ F 68	YRS. MOI	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	12/1	DE BIRTH Day, Year) 11/24		Country)	(State or Fore	
TOR	90. FACILITY NAME (If not institution, given HOLY CROSS HOLD OF DECEMBER 1999)	OSPITAL	96		R LOCATION OF DE			. COUNTY			
DIRECTOR	10s. STATE 10s. COU			own on Locat				10d. INSIDE CITY LIMITS? 1 X YES 2			YO.
FUNERAL	10. STREET AND NUMBER 1227 Dale Driv	7e			20910			-	of what c	OUNTRY?	
B	1 Never Married 2 M Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVEN I FORCES? 1XX YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPAI ecify Cuben, Mexice 2 XIO Specif	en, Puerto Ric	(Specify Yes or N can, etc.)		Black, White Specify:	nericen Indian	١,
COMPLETED	15. DECEDENT'S E (Specify only Alghest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret F(done during mos	N st of working	A	utomati anufact	c Ele	ectric		
ве сом	17. FATHER'S NAME (FIRST, MICHIN, CAUS) Floyd Dahl				18. MOTHER'S NA		iddle, Maiden Surn		Comp	Jany	
TO B	Grace Dahl		1227 Dal	le Driv	nd Number or Rural I	Route Number	ring, M	aryla	nd 2	20910	
	20s. METHOD Gr. PISPOSITION 1 □ Burtal 2 N Cylmation 3 □ Pi 4 □ Donation 5 □ Other (Sportly) 21. SIGNATURE (Sylvania) = 21. SIGNATURE (Sylvania) = 21.	emoval from State can	b. PLACEAND DATE OF DI metery, crematory or other p Ort Lincol	n Crema		CILITY	Brent	wood			
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Arterioso DUE TO (OR AS A	clerotic	anter the mod		th as cerdis	ac or respireto	ry errest,	1	ing, M Approximatintarval Bet Onset and I	le lween
CAL CERTIFICATION	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 \$\int_{2}^{4}\text{Yes} 2 \subseteq NO										
MEDICAL								?	AVAILA COMPL OF DEA	AUTOPSY FINE ABLE PRIOR TO LETION OF CAU ATH? YES 2 NO	USE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 152 YES 2 \(\text{ NO} \)	HOSPITAL: 1 Inpatient 2 ER/Outp		HER:	ACE OF DEATH (Ch						
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME OF INJURY	M 1 TY	RK? 'ES 2 NO	28d. OEŞC	DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be determined	building, etc. (Spec	Y — At home, ferm, street offy)	i, fectory, office	,	281. LOCAT City or	TION (Street and N Town, State)	lumber or Ru	ural Route Nu	ımber,	
COMPLETED	one) 2 MEDICAL EXAMI	YSICIAN: To the best of my know INER: On the basis of examination							use(s) and m	nenner se stat	led.
TO BE (29b. IGNATURE AND TITLE OF GENTIF	eghode			O . C . M		290		21-19		
	30. NAME AND ADDRESS OF PERSON OF A	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print 111 Pen	-	eet, Ba	altim	nore, 1	Mary	land	212	201

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the funeral completely filled in by the funeral director, page 5 should be detached for the filled in by the funeral director, page 5 should be detached for the filled at hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEP/ CERTI	RTMENT (F HEALT	H AND		GIENE E. NO.	9	3 2332	
	1. DECEDENT'S NAME (First, Middle, Last)	EDITH MAY		2. DATE OF DEA		9 BEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)	yrs. lest birthde			ER 24 HRS.	7. DATE OF BIRT (Month, Day,)		8. BIRT	HPLACE (State or Foreign	
	218-30-4871	1 □ M 2 😿 F 87	YRS	MONTHS D	AYS HOURS	MIN.		-1905		ryland	
-	9a. FACILITY NAME (If not institution, give st		WN OR LOCA		EATH	100	UNTY OF	DEATH			
P	Shady Grove A	R R	ockvi	TTe		M	ONTO	SOMERY			
DIRECTOR	10a. STATE 10b. COUNTY	10c. 0	TY, TOWN OR	OCATION					10d. INSIDE CITY		
	Maryland Mon		Rock	ville					LIMITS? 1 X YES 2 NO		
¥	100. STREET AND NUMBER				10f. ZIP CC	DE		10g. Cl	TIZEN OF	WHAT COUNTRY?	
FUNERAL		Drive Apt#3			20	853			U.S.	.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED				NIC ORIGIN? (Spec		14. RAC Blac	E — American Indian, ck, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES		YES 2 N				Spec		
8	15. DECEDENT'S EDUC	CATION 1/	8a. DECEDENT	'S USUAL OCCL	PATION		16b, KIND (F BUSINESS/IN		Lack	
H	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind a life. Do NOT	of work done duri use retired.)	ng most of wor	king					
COMPLET	7th Grade		Dome	stic			N	one			
8	17. FATHER'S NAME (First, Middle, Last)				18. MC		ME (First, Middle, A				
BE	Henry Dorsey 19a. INFORMANT'S NAME (Type/Print)			- Santania			sie Co				
2	. (Nephew)					Route Number, City St, Ke			20895 Md	
	Mr Richard Dor			EOFDISPOSITIO		ury		C. LOCATION -			
	1 N Burial 2 Cremetion 3 Remo	oval from State camete	ry, crematory o	r other place)	1114-4-7	L 0 202	1				
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	n Mei	22, NAI	TE AND ADDE	ESS OF FA	duty neral H	Sandy	Spi	ring, Md	
	1 (Deal	Shoul	1.							20850 cville, Md	
	23. PART i. Enter tha diseases, or co	omplications that caused ti	ha death. Do								
	snock, or naert failure. L	lat only one cause on sect Shock	h iine.	, not emer th	THOUSE OF C	lynig, auc	n as cerdiec or	respiratory si	reat,	Approximate interval Between	
1 1	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Theil								Onset and Death	
	reauting in death) / a	DUE TO (OR AS A CO	ONSEQUENCE	OF):	IT		7 as a madi	_		1	
Z	Sequentially list conditions Dehydra Kon, Memia 3 w/es										
\vec{A}	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE	OE):							
CERTIFICATION	resulting in death) LAST			_/ .						İ	
빙	BADY II Oh o alaski o a kilo										
18	PART ii. Other significant conditions	contributing to death but	not resultin	g in the under	lying ceuse	given in	Part i. 24s. W	AS AN AUTOPSY RFORMED?	246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICA							1 U Y	ES 2 (NO		OF DEATH?	
Σ								*		1 TES 2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF	DEATH (Ch	ack only one)				
PHYSICIAN		HOSPITAL:	ent 3 🗆 DOA	OTHER:			8 Other (Specific				
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month) Day, Year)	28b. T	IME OF 28	INJURY AT	Masidence	28d. DESCRIBE		CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(MORTIN Day, Tear)	,	NJURY M 1	WORK?	□ NO					
ED E	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm	, streef, factory,	offica		281. LOCATION (S City or Town,		r or Rural I	Route Number,	
	4 Homicide determined										
로		CIAN: To the best of my knowledg									
COMPL		R: On the besis of examination ar	nd/or investiga	tion, in my opini	on, death occ	ured at the	time, data and pla	ca, and dua to f	he cause(a) and manner as stated.	
BE	29h. SIGNATURE AND VISCE OF CERTIFIER	0			29c. Li	CENSE NUN	IBER	29d. DA	TE SIGNED	(Month, Day, Year)	
2	solujujil	(iiiiii)				139	77		7/2	6/93	
	Robert Millman	COMPLETED CAUSE OF DEATH MY 9711 MY	(ITEM 27) (Ty	Cenfe	DI	£103	Rockin	le m	d	20850-	
	JUL 28 1993 Suis Devident Pandelle 33.23										

8. BIRTHPLACE (State (Country) NEW YORK

93

9c. COUNTY OF DEATH

3. TIME OF DEATH

1515 PH

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

SIDNEY

4. SOCIAL SECURITY NUMBER

080183513

DORROS

1 XM 2 - F

IF UNDER 1 YEAR

IF UNDER 24 HRS

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)
68 YRS.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

ğ	RESIDENCE OF DECEDE	ITAL	L Kockinite						MONTEOMERY		
DIRECTO	MARYLAND 10b.		10c. CITY, TOWN OR LOCATION GAITHERSBURG							Od. INSIDE CITY LIMITS? YES 2 NO	
VERAL	100. STREET AND NUMBER 1896 2 MONTGOM			0879				AT COUNTRY? STATES			
BY FUNE	11. MARITAL STATUS 1 Never Married 2 K Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2 P	N U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORI					ORIGIN? (Specify Yes or No— 14. RAC Blauerto Rican, etc.) Spe		
COMPLETED	15. OECEDENT (Specify only higher Elementary/Secondary (0-12)	r'S EDUCATION st grade completed) College (1-4 or 5+)	(G life.	ECEDENT'S USI live kind of work Do NOT use re	done during dired.)	TION most of working	16	b. KIND OF BUS	INESS/INDU	STRY	
MP	17. FATHER'S NAME (First, Middle, L	5	ED	UCATOR				EDUCAT			
ECC	HARRY DORROS	Ast)				IRENE		Middle, Melden S	Sumame)		
0	19a. INFORMANT'S NAME (Type/Pri	nt)	191	b. MAILING AD	ORESS (Stree	t and Number or Rura	SHAI		State Zin C	indel	
2	ARTHUR DORROS					er Street					
	20a METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3	Damaral from State	20b. PLACE AND DATE OF DISPOSITION			Nama of	QA.	TE 20c. LOC	ATION — CI	ty or Town	, State
	4 Donation 5 Other (Specia	V)	KING	DAVID	MEMOR	IAL GARDE	N 7/	25 FALI	LS CHU	JRCH,	VIRGINI
	21. SIGNATURE OF FUMERAL SERV	CICE LICENSEE	nl		DANZ	AND ADDRESS OF F ANSKY-GOI Rockvill	DBER				
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	n. Nego DUE 10 (OII A. DUE TO (OII		QUENCE OF):	he underlyl	ing ceuse given in	n Part I.	24a. WAS AN A PERFORM 1 XYES 2	NED?	AN CC OI	PERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 \(\text{ NO} \)
	25. WAS CASE REFERRED TO MED EXAMINER?				26.	PLACE OF DEATH (C	heck only o	ne)			
YSICIAN:	1 Seres 2 - No	HOSPITAL:	VOutpatient 3	OTHER:							
ву рну	27. MANNEB OF DEATH 1 Netural 5 Pendin 2 Accident Investig			26b. TIME OF	_ V	NJURY AT VORK? YES 2 NO	28d. DE	28d. DESCRIBE HOW INJURY OCCURED			
ETED	2 Accident 3 Suicide 6 Could not be detarmined 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Rural Rout	te Number,	
COMPLE		PHYSICIAN: To the beat of my KAMINER: On the basis of exam									nd manner as etate
TO BE C	296, SIGNATURE AND TITLE OF CE	Curren				29c. LICENSE NU		6	29d. DATE S		
-	30. NAME AND ADDRESS OF PERS STEPHEN 31. DATE FILED (Month, Day, Year)	J. Newma	n = 1	19261	m	mtgsmery	vil	lage A	ve GA	iThe	rsburg, N
	JUL 2 6 199	3 Juna Davids	SIGNATURE OF	ell.							
											DHMH-16 Rev

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

			CERTI			REG. N		
	1. DECEDENT'S NAME (First, Middle, Last	4.	/ h	-1'-	· ·	2. DATE OF DEATH MONTH		S. TIME OF DEATH
ŀ	4. SOCIAL SECURITY NUMBER	MICHAEL 5. SEX 6. AG	E (In yrs. lest birthday	OV 15	IF UNDER 24 HRS.	July 2		BIRTHPLACE (State or Foreign
	265-88-5464		43 YRS.	MONTHS DAY		7. DATE OF BIRTH (Moriti, Day, Year) APRIL 2,	- 1	Country) FLORIDA
9	e. FACILITY NAME (If not institution, give			9b. CITY, TOW	N OR LOCATION OF E		9c. COUNTY	
	SOUTHERN MARYI	AND HOSPITA	L	CI	INTON		PRI	NCE GEORGES
_	STATE 10b. COUN	TY	10c. C	ITY, TOWN OR LO	CATION			10d. INSIDE CITY
	MD.	PRINCE GEORGI	ES	BRAND	YWINE			LIMITS?
10	De. STREET AND NUMBER	a denie denie denie			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
-	14710 McKENI 1. MARITAL STATUS	DREE RD.			20613			U.S.A.
	Never Married 2 Married	FORCES? 1 YE	S 2 NO	If yes,	ecendent of HISP/ apacity Cuban, Mexic ES 2 X NO Spec	UNIC ORIGIN? (Specify Y an, Puerto Rican, etc.)	es or No- 14.	RACE — American Indian, Black, White, etc.
479	Widowed 4 Divorced	TES, GIVE WIN ON	DATES		ES 2 M NO Spec	лу:		Specify: WHITE
	15. DECEDENT'S ED (Specify only highest grad		(Give kind o	'S USUAL OCCUPA of work done during		16b. KIND OF B	USINESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5 +)		Use retired.)	TORE MANA	VOED T	O THE	ALBERTALE C
1	7. FATHER'S NAME (First, Middle, Last)	-7	AUD.	POTAMI P		AME (First, Middle, Maide	C. PE	WWEI, 2
7	WILLIAM E.	DAVIS					EE REG	AN
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	et and Number or Rura	Route Number, City or To		
	MARGARET LEE			SAME AS		10		
	20s. METHOD OF DISPOSITION 1	moval from State	Ob. PLACE AND DATE OF THE PROPERTY OF THE PROP	E OF DISPOSITION			OCATION — City	
	21. SIGNATURE OF FUNERAL SERVICE L		ONCINOUN		MORY GARI		ORANG	E PARK, FLA.
l	· allala	umbersa	2 MOOOS		-			, MD. 20737
	disease or condition resulting in death)	a. Veule	icular	Tibra	elation			
	Sequentially list conditions, if any, iseding to immediate	a. Cro CC	A CONSEQUENCE	- C-60 Cq	elation	ie.		
	If any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	Linuc	OF):	deseas	a e		
	if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE	OF):				
	if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	S A CONSEQUENCE	OF):		1 Part I. 24s. WAS A	N AUTOPSY PRIMED? 2 M NO	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
	if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the conditions of the conditions of the conditions of the cause of the c	DUE TO (OR AS c. DUE TO (OR AS d. na contributing to death	S A CONSEQUENCE	OF): OF):		1 Part I. 24a. WAS A PERFC 1 YES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 23326 CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First		ADOL 5555				DEATH	2. DATE MONTH	OF OEATH DAY	, VI	EAR	. TIME OF DE	
	PERRY 4. SOCIAL SECURITY NUMBER		RADCLIFFE 5. SEX	A ACE /lo	rrs. last birthday)	SWORTH		JUL.		1993	3	6:05	Р
	293-03-012 9a. FACILITY NAME (# not in	21	1 X M 2 - F	73	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	Aug	05 BIRTH (, Day, Year) 25, 19	919 9c, COUNTY	Ohi		Foreign
ECTOR	Bethesda REti	irement		enter		Chevy		EAIR		Mont			
DIREC	Maryland	10b. COUNT	tgomery			y, town or loca						Od. INSIDE CI LIMITS?	
FUNERAL	100. STREET AND NUMBER		oad				f. ZIP COOE 20876					tates	
ВУ	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive	•	12. WAS OECEDENT FORCES? 1) IF YES, GIVE WA	YES 2	2 NO	If yes, sp	CENDENT OF HISPAI pecify Cuban, Mexica 3 2 NO Specif	n, Puerto F			. RACE -	- American in White, etc.	
COMPLETED	15. OEC (Specify on Elementary/Secondary (I	CEDENT'S EDU ly highest grade	JCATION e completed) College (1-4 or 5 +)	-		USUAL OCCUPATI work done during me se retired.)		16b.	KINO OF BUSI	INESS/INDUS	TRY		
MPL			4		Executi	ve		Т	rade A	ssocia	atio	n	
_	17. FATHER'S NAME (First, M		Ellswo	anth			Seville		Aiddle, Meiden S		clif	fo	
BE	PETTY 19a. INFORMANT'S NAME (FOSS Type/Print)	CIISWC	JIUII	19b. MAILING	ADDRESS (Street	SEVIIIE		per, City or Town,			16	_
5	Julia Ells	worth	(Wife)			as #10							
	20a. METHOD OF DISPOSIT 1 □ Burlel 2 ▼ Crematic 4 □ Donation 5 □ Other	on 3 🗆 Rem	noval from Stata	20b. PL.	ACE AND DATE O	of disposition (Nather place) Cremato:	ame of	7-2		ver Sp			
				JUL	Dulbail	CI Cilia CU.	L y	1-2	7 211	ACT 2	DITII	y, MD	
	IMMEDIATE CAUSE (Fit	Ilseases, or neert failure.	Complications that List only one caus	caused th se on each	h line.	933 (ND ADDRESS OF FA Funeral Gist Ave, ode of dying, suc	Serv	ver Spi	ring,		20910 Approxi interval Onset a	nat Bet
RTIFICATION	23. PART I. Enter the dahock, or h	diseases, or neert failure.	complications that List only one cause a. Multipl DUE TO (caused these on each	ne death. Do n h line.	Rapp 933 (not enter the mo	Funeral Gist Ave,	Serv	ver Spi	ring,		Approxi	nat Bet
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TO THE MUSTRAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the ho TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3.	TIME OF DEA	ATH
	WALTER H.	EGGERS				JULY	21	199	₫ ^R	3:30	A. M
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O		0.1	BIRTHPL	ACE (State or I	Foreign
	213-44-7470 1 9a. FACILITY NAME (If not institution, give stree	M 2 □ F 8	I YRS.	ONTHS DAYS	HOURS MH.		Dey 1600) 1!			I DAKO	TA
OR	WHEATON MANOR CA	ř		-	ON / SIL		PRING	MONT			
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		SOC CITY	TOWN OR LOCAT	TON!						
DIRECTOR	MARYLAND MONT	GOMERY		LVER SP						INSIDE CIT LIMITS?	
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE				OF WHA	T COUNTRY?	
NE		ANE			209	001		USA			- 1
J.	11. MARITAL STATUS 1 Never Married 2 K Married	2. WAS DECEDENT EVER IN I FORCES? 1 TYPES	J.S. ARMED		ENDENT OF HISPA			or No— 14,	RACE -	American Inc	Man,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 X NO Specif		July Stary		Specify:	WHITE	
	15. DECEDENT'S EDUCAT	ION	I6a. DECEDENT'S US	UAL OCCUPATION	DN .	16h	KIND OF BUS	INESS/INDUST	DV	MILLE	
H	(Specify only highest grade cor Elementary/Secondary (8-12)	npleted) College (1-4 or 5 +)	(Give kind of wor life. Do NOT use I	k done during mo	st of working			11230/110001			- 1
절	12		SYSTEMS	ANALYS	T	ľ	J.S. G	OVERNM	ENT		- 1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	iddle, Malden S	Sumame)			
BE (CHRISTOPH	EGGERS			MINNIE	E	GRUE	NHAGEN			
9	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DORESS (Street a	nd Number or Rural	Route Numbe	r, City or Town	State, Zip Coo	le)		
-	MARION R. EGGERS		1100 P	LAYFORD	LANE, S	SILVER	R SPRII	NG, MD	209	901	
	20g, METHOD OF DISPOSITION 1	from State 20b. F	PLACE AND DATE OF	DISPOSITION (Na	me of	OATE		ATION — City	or Town,	State	
	4 Donation S Other (Specify)	1 P	ARKLAWN			7/23	ROC	KVILLE	, MI)	
		V () ()			IS J. CC		FUNE	RAL HO	ME.	INC.	
	Moneu	14/04		500 U	NIVERSIT	TY BLV	7D., W	., SIL	. SI		2090
	23. PART I. Enter the diseases, or com shock, or heart fellure. Lis	pilostions that caused it	the death. Do not	entar tha mo	da of dying, suc	h as cardi	ac or respir	story arrest,		Approxim	
	IMMEDIATE CAUSE (Final	0 61		0	0-					Onset an	
- 1	disease or condition resulting in death)	42011	usec	4	can.	as				1 46	ear
		DUE TO OH AS A C	CONSEQUENCE OF):							V	
NO	Sequentially list conditions, b	DHE TO (OD AS A C									
AT	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSECUENCE OF):								i
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):							-	
CERTIFICATION	resulting in death) LAST										
	PART II. Other significant conditions									1	
NA.	PART II. Other significant conditions c	ontributing to death but	not resulting in	tha underlying	cause given in	Part I.	24a. WAS AN A PERFORM		AM	ERE AUTOPSY I	R TO
ă						—	1 YES 2	□ NO		MPLETION OF DEATH?	CAUSE
Σ						_		İ	1	YES 2	NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			00.00	105 05 05 05						
SIC	EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Ch						
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME C		5 Residence			JURY OCCURE	in.		
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK? ES 2 NO	100.0200	7 110 L 110 11 110				- 1
BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY -	- At home, farm, stre			281. LOCA	TION (Street ar	nd Number or R	ural Rout	n Number	\rightarrow
μI	4 Homicide determined	building, etc. (Specify)				Town, State)			,	- 1
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowled	ton doub occurred	of the time date	and alone and du	40.000.000	-(-)				
N N	(Check only one) 2 MEOICAL EXAMINER: C								use(s) ar	d manner ea	stated
	296. SIGNATURE AND TITLE OF CONDIFICAL	011	1		29c. LICENSE NUI		2012				
BE	Mass.	5/1	Xhu L	-	12011	2-1)		≥ 2/	I A	la a	2
٩	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	(ITEM 27) (Type, Pr	int)	y 0 11			-1-	<u></u>) /	_
	WALTER E. GOOZH		_	1,000	Ra. WH	Ronto	-	mo	20	902	
	31. DATE FILED (Month, Day, Year) JUL 2 6 1993 Jul	02. PEGISTUAR'S SIGNAT	WEST	Die U	100	un			-0		$\overline{}$
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Mogth Pey, Year)

	FOR STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR ERTIF	TMENT OF	HEALTH F DEA	AND N	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First	K. Etri	dge					2. DATE OF DEATH DO TO THE DEATH DEA		9/3	3. TIME OF DEATH 9:15Pm
3	4. SOCIAL SECURITY NUMBER 110-07-542	7 10X M 2 🗆 F	6Adle (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		124 HRS.	Jan. 26,1	911	Countr	PLACE (State or Foreign y) Maryland
DIRECTOR	Northwe	est Hospital C	enter		9ь. city, том Rand	allst		ATH	9c. COU	Ba.	Ltimore
띦	RESIDENCE OF DEC	10b. COUNTY		10c, CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
	Md.	Baltimore			Reiste	rstow					LIMITS?
FUNERAL		Terry Town Dri	ve			101. ZIP COD 2	1136		10g. CIT		S.A.
BY	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo	Married FORCES?	NT EVER IN U.S. AR 1 YES 24 P WAR OR DATES		If yes,	ECENDENT (specify Cube ES 2 1 NO	ın, Mexicar	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc. White
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUCATION by highest grade completed) 0-12) College (1-4 or 5	(G	CEDENT'S the kind of Do NOT us Sale		TION most of working	ng	Food			
	17. FATHER'S NAME (First, M	R. Etridge				18. MOT	HER'S NAI	elle Reisi	Sumame)		
TO BE	19a. INFORMANT'S NAME (I							houte Number, City or Town Reistersto			21136
	20a METHOD OF DISPOSITI 1 A Burlal 2 Crematio 4 Donation 5 Other	on 3 🗌 Removal from State	cemetery cre	metory or o	of Disposition (ther place)		Gar.	DATE 20c. LO	CATION —	,	
	21, SIGNATURE OF FUNGAA	J. Schla	de		Eckh	and addre	ss of fact Fune:	ral Chapel			21117
	23. PART I. Enter the dishock, or the immediate CAUSE (Fir disease or condition resulting in death)		at caused the deuse on each line	eth. Do i	not enter the r	node of dy	ing, such	stown Rd.,	ratory an	rest,	Approximate Interval Between Onset and Death
CATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY!	diate ING	O OR AS A CONSEC	DUENCE O	Part	Fo	ilu	IK.			
CERTIFICATION	CAUSE (Disease or Inju that initiated events resulting in death) LAS	DUE TO	O (OR AS A CONSEC	PUENCE O	F):						
MEDICAL	PART II. Other signification of the control of the	ant conditions contributing to Obstruct any Arterial	death but not r	esulting Cosl	Many	ing cause	given in I	Part I. 24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF D	EATH (Che	ck only one)			
PHYSICIAN:	1 YES 2 OHD	1 Inpatient 2 28s. DATE O	ER/Outpatient 3	DOA 28b. TIM		Ome 5 A Re	sidence	8 ☐ Other (Specify) 28d. DEŞCRIBE HOW II	HIEV OC	CHRED	- 1
ВУ Р			Day, Ybar)		URY	YORK?	NO	and begoing now in	WOOM OC	OUNED	
	3 Suicide 6	Could not be 28e. PLACE	OF INJURY — At ho, etc. (Specify)	me, farm, :	street, factory, of	lice		281. LOCATION (Street a City or Town, State)	nd Number	or Rural F	noute Number,
COMPLETE		FIFYING PHYSICIAN: To the best of ICAL EXAMINER: On the basis of) and manner as stated.
8	29b. SIGNATURE AND TITLE		n. Br	vd	Mrs	_	ENSE NUM				(Mouth, Day, Year)
5	30. NAME AND ADDRESS OF	PERSON WHO COMPLETED CAL	SE OF DEATH (ITE	27) (Type,	Print)	1	1	IL	^ \	11)	1 00 /

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et de service ; alors : la fe

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF H	IEALTH AND N	MENTAL HYGIEN REG. NO.		23329
	8	1. DECEOENT'S NAME (First, Middle, Last)	Martin David			illen	2. DATE OF DEATH DATE OF DEATH		3. TIME OF DEATH
Pir	1	4. SOCIAL SECURITY NUMBER 214-09~9095	1 - 1 2 D F	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 8-16-1907	0.8	BIRTHPLACE (State or Foreign Junity) iga, Latvia
2, 3 should	OR	96. FACILITY NAME (If not institution, give streward) Washington County RESIDENCE OF DECEMENT				or Location of DE	ATH	9c. COUNTY Wash	of DEATN ington
020 physician. burial-transit permit. Pages 1,	DIRECTOR	10s. STATE 10b. COUNTY	shington		y, town on Locat Hagersto				10d. INSIDE CITY LIMITS? 1 YES 2 NO
nsit permit	FUNERAL	10e. STREET AND NUMBER 923 Armstrong Ave	nue		101	21740		10g. CITIZEN USA	OF WHAT COUNTRY?
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the bunal-train notified at once.	BY FUN		12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		IC ORIGIN? (Specify Yea , Pustio Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: White
YLAND 21215-0 by the hospital or attending be detached for use as the at once.	ETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION 1 College (1-4 or 5+)	6s. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION work done during mose retired.)	ON sst of working	16b. KIND OF BUS	HNESS/INDUST	
YLAND of the hospital be detached to at once.	COMPL	11 17. FATNER'S NAME (First, Middle, Last)		Owner-	Operator			ing St	ore
3YLA d by the id be de d at on	BE CC	Joseph Fleish	er			Hannah	ME (First, Middle, Malden Brenner		
MARNe retained be 5 should notified	10	190. INFORMANT'S NAME (Type/Print) Edda Fleisher			AODRESS (Street s		oute Number, City or Town		
BALTIMORE, after death. Page 6 may be noval. cel examiner must be a		20a_METHOD OF DISPOSITION 1 ABurisl 2 Cremation 3 Remov	al from State 20b.P	LACE AND DATE	OF DISPOSITION (No	ery 7-17	DATE 20c. LOC	CATION - City	or Town, State n, Maryland
ALTIMOR death. Page 6 ma e funeral director, p il.		21. SIGNATURE OF FUHERAL SERVICE LICE			22. NAME AN	ID ADDRESS OF FAC	Minnich	Funer	al Home
BAI rs after dean n by the fu removal.	-	23. PART I. Enter the diseases, or co	mplicetione that caused to	he death Do					m, Md. 21740
24 hour filled in or the me		shock, or heart fellure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in death) a.	Powy	h line.			Smill a		Approximate intervel Between Onset and Death
687 ecuted ecuted ind con burial, atic e	NO	Sequentially list conditions, b.	OUE TO (OR AS A C			vina of ?	the lem	1	- money
, P.O. BOX eath certificate be es attending physician and Hygiene prior to y, or other traum	ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C					J	
0 0 0 5	O	resulting in death) LAST							
COR lires that the signed by Health and We amy I	MEDICAL	PART II. Other significent conditions	contributing to deeth but	not resulting	In the underlying	g ceuse given in F	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
23 b b									1 YES 2 NO
# # # B	SICIAN		HOSPITAL:	ent 3 DOA	OTHER:	ACE OF DEATN (Chec			
PHYSIC this ce with the	BY PHYSIC	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF 28c. INJI		28d. OEŞCRIBE NOW IN	JURY OCCURE	D
TISIC TITENDI TIDE: A STATE OF 28 Is	ETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY :- building, atc. (Specify)	At home, farm, s	street, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,
E NE	COMPL	29e. CERTIFIER Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowled On the basis of sxamination s	ge, death occurr nd/or investigatio	nd at the time, date	end place, end due t	o the cause(s) and man lme, date end place, and	ner as stated.	use(s) and manner as stated.
THE FUNE	H	296. SIGNATURE AND TITLE OF CERTIFIER	40 Personal	Phy!	n'ci'an	29c. LICENSE NUMI	5 q	29d. DATE SIG	INED (Month, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	1 (ITEM 27) (760.	Printpoton	vec A	ve N	GOR V	Stours
	ı	31. DATE FILED (Month, Pay, Year) 6 1993	32. REGISTRAR'S SIGNATI	URE RINGE			(1	1	

YEAR

3. TIME OF OFATH

REG NO

DAY

1993

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

FOR

STATE REGISTRAR

Naomi

1. DECEDENT'S NAME (First, Middle, Last)

Alma

BOX 68760,
P.O.
RECORDS,
OF VITAL
DIVISION (

July 17, 6:40 p.mm 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year)
Mar. 30, 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF INDER 24 HDS 8. BIRTHPLACE (State or Foreign DAYS 219-30-5615 1 M 2 X F HOURS 78 YRS. Louisiana 1915 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR use as the burial-transit permit. Pages 1, 2, 3 Garrett County Memorial Hospital Oakland Garrett RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MAryland Garrett 0akland 1 TYES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Star Rt. 2 Box 17 21550 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 11. MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES. GIVE WAR OR DATES BY 1 TYES 2 X ND Specify: 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEOENT'S EQUICATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) detached for College (1-4 or 5+) 8th Housewife Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) by the funeral director, page 5 should be removal. Ħ Henry Buford Westbrook Eliza BE Handy notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dr. Kelvin W. Feather, DDS 915 Maple Lane Sisterville, WVa. 26175 pe 20s. METHOD OF DISPOSITION
1 0 Burlel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Parnell Cemetery Cuzzart, West Virginia 21. SIGNATURE, OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 32 South Second Street Oakland, MD 21550 medicai 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haert failure. List only one ceuse on each line. filled in by t Approximata ö Interval Between Onset and Death IMMEDIATE CAUSE (Finel completely filled rial, cremation, the disesse or condition Complications of Pneumonia within 3 days event. resulting in death) DUE TO (DR AS A CONSEQUENCE OF): burial. executed Valvular Heart Disease traumatic Years CERTIFICATION and Sequantisity list conditions, DUE TO (OR AS A CONSEDUENCE OF): attending physician a if sny, leading to immediate cause. Enter UNDERLYING certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 0 death has been signed by the atter Dept. of Health and Mental 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? that 1 PERFORMED Dementia 1 TYES 2 NO 1 - YES 2 NO PHYSICIAN: WB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? The item 26. PLACE DF DEATH (Check only one) this certificate the State HOSPITAL:
Tylinpatient 2 - ER/Outpatient 3 - DOA OTHER: PHYSICIAN: 1 YES 2 NO te 5 Residence 8 C Other (Specify) 0 27. MANNER OF BEATH 28a. DATE DF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED With 1 Natural 5 Pending Investigation BY 84 1 YES 2 ND death After Accident ATTENDING 28s. PLACE OF INJURY — Al home, farm, street, lactory, office building, stc. (Specify) 3 Suicide 40 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be hours after item 28 is DIRECTOR: 4 Homicide OR 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If It HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) D26650 7/19/93 1 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Margaret A. Kaiser MD PO Box 486 Oakland, MD 21550 Day Year) 32. SEGISTRAR'S SIGNATURE cha Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FEATHER

section and the section

		REGISTRAR		CERTIF	ICALE OF	DEATH	RE	G. NO.		
	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH DAY	YEAR	TIME OF DEATH
			AUS				JULY 26	1993	9	9:45 P M
		4. SOCIAL SECURITY NUMBER	I	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	tTH 8	Country)	ACE (State or Foreign
밀	1 3	062-07-3274		7 YRS.	MONTHS SPAT	MOUNTS MIN.	APRIL 2		NEW Y	ORK
2, 3 should	-	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF D		9c. COUNT	Y OF DEAT	
2,3	Į Š	ARCOLA NURSING H	OME		WHEAT	ON	67	MON	TGOME	RY
\$ +.	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y	10c, CIT	Y, TOWN OR LOCA	TION			100	· · · · · · · · · · · · · · · · · · ·
2	E C	, carrier and a second	NTGOMERY	1		R SPRING				d. INSIDE CITY LIMITS?
permit. Pages 1,		100. STREET AND NUMBER	TOOFIERT			OH. ZIP CODE		100 CITIZE		YES 2 NO
AS SE	FUNERAL	700 SOUTH BELGRA	DE BUAD		"	20902)		USA	COUNTRY
020 physician. burial-transit	N N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA				A valous traffics
		1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, s	pecify Cuban, Mexica S 2 A NO Specifi	an, Puerto Rican,	etc.)		American Indian, hite, atc.
ding ding	ВУ	3 Widowed 4 N Divorced	ir red, dire min on a	MICO	1 1 16	8 2 EN NO Specii	ly:		Specify: WHIT	ਬਾ
1215 r attend use as	0	15. DECEDENT'S EDU (Specify only highest grade			USUAL OCCUPAT		16b. KIND	OF BUSINESS/INDUS		.15
2121	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	work done during m se retired.)	ost ar worning				
AND the hospit detached	M P			HOMEMAK	ER_					
A the h	COM	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle,			
Z 2 2 2	6 W	VINCENT FAUS	;			LOUISE	KUC	CHAR		
MARYLAND retained by the hospit 5 should be detached	2	19a, INFORMANT'S NAME (Type/Print)						y or Town, State, Zip Co		
RE, No ay be re page 5		NINA HOEGER		6114 M	ADAWASK	A ROAD F	3ETHESDA	MARYLA	ND 2	20816
BALTIMORE, after death. Page 6 may be you the funeral director, page moval.		20e. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Rem		b. PLACE AND DATE of				20c. LOCATION — Cit		
BALTIMOR ler death. Page 6 ma the funeral director, p wal.		4 Donation 5 Other (Specify)	M	metery, crematory or o IETROPOLI	TAN CREI	MATORY	7/27 A	LEXANDRI	A, VIR	RGINIA
ALTIN death. Pag funeral dis		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME A	AND ADDRESS OF FA	ACILITY	JNERAL HO	ME I	INC
AL death	N N	Jamostha	an Car	2111				W. SIL.S		
B after In by the removal		23. PART I. Enter the diseases, or o	complicatione that cause	d the death. Do r						Approximata
24 hours after filled in by th ion, or remove		shock, or heart failure.	List only one cause on e	anch line.	TOT WITHOUT THE	out or uying, car	AT 28 CO. 0100 C.	respiratory arres	и,	Interval Between
		IMMEDIATE CAUSE (Final disease or condition								Onset and Death
ted within 24 completely fille ial, cremation,	ill ill	resulting in death)		A CONSEQUENCE OF						5 DAYS
P 0 2 8					,,.					
OX 6876 be executed sician and cominor to burial,	일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE OF	F):					
0 4 5 6	18	cause. Enter UNDERLYING								
o.O. BO. no certificate be nding physicial Hygiene prior		CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF):						
S, P.O. BOX death certificate be a attending physician ental Hygiene prior to	CERTIFICATION	resulting in death) LAST	d							
(0 0 . 0 2		PART II. Other algnificant condition	no contribution to death (- A not consiste	· At a considerable			-01		
200	EDICAL			out not resulting	in the underlyin	ig cause given in		MAS AN AUTOPSY PERFORMED?	AWA	RE AUTOPSY FINDINGS ALABLE PRIOR TO
uires tha signed Health a		SEVERE DEME	NIIA			<u> </u>	10	YES 2 NO		MPLETION OF CAUSE DEATH?
REC requires seen sign	Σ								1 [YES 2 NO
AL RE law requestable been been of 23 ebox	N N		1							
MISION OF VITAL REMITTENDING PHYSICIAN: The law requirements that this certificate has been after death with the State Dept. of law 23 shots.		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch				
ICIAN:	IYS I	1 TYES 2 NO	1 - Inpetient 2 - ER/Outp		4 Nursing Hor	me 5 Residence				
PHYSIC this ce with th	PHY	27. MANNER OF DEATH 1 The Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b, TtM INJ	JURY W	JURY AT ORK?	28d. DESCRIBE	HOW INJURY OCCUI	RED	
ON OING PHYS		2 Accident Investigation	OF THE ASS OF THE PLEASE			YES 2 NO				
ON ATTENDING FOR THE STORY After 1	0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, s icify)	street, factory, offic	De	28t. LOCATION City or Town	(Street and Number or n, State)	Rural Route	Number,
OR ATT		Lan esciplica								
PALO D	릴		ICIAN: To the best of my know							
		2 MEDICAL EXAMINE	ER: On the basis of examination	on and/or investigation	n, in my opinion,	death occured at the	time, date and pl	ace, and due to the o	cause(s) and	d manner es stated.
C and or or or or or or or or or or or or or	E G	296, SIGNATURE AND TITLE OF CERTIFIER	R //			29c. LICENSE NUI	MBER	29d, DATE S	SIGNED (Mo	orith, Day, Year)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	8	MURRI	1010			D 0983	34	▶ 7/	27/93	3
	일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	, Print)		2.1	-	2111	
2		B. N. ROSENBA	AUM 3720 FAF	RRAGUT AV	ENUE K	ENSINGTOR	N, MD 2	20895		
		31. DATE FILED (Month, Day, Year)	12. AEGISTRAR'S GIGN							
	1 1		who Davidson-pa	ndelle						

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	лоэх	and	pnq c	natic
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	ATT	6	rs aft	n 28
	IL OF	L DIR	2 hou	ile
	SPITA	VERA	Jin 72	틝
	E HO	E PUI	d with	FE
	O TH	TH O	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	몵
	_	-	Q	-

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYI -	LAND /	DEPAR ERTIF	ITMEN	IT OF I	HEALTH DEA	AND N	MENTAL HYGIE REG. N	NE	33	23332
	1. DECEDENT'S NAME (First,										2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
		IARD	B. FU								JULY 26	,1993		05:32 A
	4. SOCIAL SECURITY NUMBER	ER	5. SEX		(In yrs. la:	st birthday)	IF UNDI	ER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	577-38-9841		1 XX M 2 □ F	71		YRS.	more) no	UNIS	HOURS		JUNE 30,	1922		NGTON, D.
-	9a. FACILITY NAME (If not ins						9b, CIT	ry, Town (OR LOCATE	ON OF OE	ATH		TY OF DE	
Ö	SHADY GROVE		TIST HOS	PITA	IL.		RO	OCKV1	LLE			MONTGOMERY		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	Y			10c CIT	TY, TOWN OR LOCATION							
E	MD	MONT	COMEDY											10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	HONI	GOMERY			PUL	TOMAC 101, ZIP CODE					T 40 0000		1 YES 2 NO
FUNERAL	10510 00	עויינונ	LEN ROAD					1 101	22 2.63					HAT COUNTRY?
N I	11. MARITAL STATUS	JUIN G	12. WAS DECEDEN	IT EVED I	IN H.C. AC	MED	140		_	854			U.S.	
	1 Never Married 2 💢 B	Married	FORCES? 1	X YES	2 🔲		13	If yes, sp	ecify Cubs	in, Maxican	IC ORIGIN? (Specify Y	na or No-	14. RACE - Black,	— American Indian, White, atc.
ВҰ	3 Widowed 4 Divon	ced	IF YES, GIVE V	WAR OR L	DATES			1 YES	2X NO	Specify:			Specify	WHITE
G		DENT'S EDU				CEDENT'S					16b. KIND OF B	ISINESS/IND	USTRY	WILLE
COMPLETED	(Specify only Elementary/Secondary (0-		College (1-4 or 5	+)	(G life	ive kind of v Do NOT us	work done se retired.	during mo	ost of working	ng				
필			5 +	,	PHA	RMAC:	IST				PHARMA	CEUTIO	S	
ő	17. FATHER'S NAME (First, Mid	idle, Last)		16. MOTHER'S NAME (First, Middle, Maider						n Surname)				
BE (WIRT B.	FURR				RUTH A. HAWKIN					. HAWKINS	3		
	19a. INFORMANT'S NAME (Typ	Conser and resincer or nural node number, City or lown, State, Zip						Code)						
임	BARBARA 1	B. FUF	RR			0510					POTOMAC		20854	4
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of													
	1 □ Burlal 2 □ Cremation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify) □ VASHINGTON, D. C. 1 □ Donation 5 □ Other (Specify) □ VASHINGTON, D. C.													
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSER		OUIC	OICHILI	V		ND AOORE	SS OF FAC				SONS
	> // 0		1				51	130 W	VI. A	VE.				
	23 PART I Enter the die		romall atlant the		44.4	- 1						-		
	23. PART I. Enter the dis shock, or he	ert fallura.	List Dnly one ceu	ee on e	a the ge	etn. Do n	ot enta	r the mo	da of dyl	ing, such	es cardiec or res	olratory arm	est,	Approximata interval Between
	IMMEDIATE CAUSE (Fine disease or condition	l	ST	ROKE	Ξ									Onset and Daar
	resulting in death)	→ ,	8											
			OUE TO	(OR AS	A CONSE	DUENCE OF	F):							
o I	Sequentially list condition	ns,				REST								
ERTIFICATION	If sny, lastling to immedi csuse. Entar UNDERLYIN		502 10	(UN AS A	COMPE	JUENCE OF	-):							
윤	CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A	A CONSEC	DUENCE OF	n:							-
E	resulting in death) LAST						,							İ
뜅			d,											
A	PART il. Other significan	t conditions	s contributing to	daath b	out not r	esuiting i	n the u	nderlylng	g cause g	jiven in F		N AUTOPSY		VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL											1 YE\$		C	WAILABLE PRIOR TO COMPLETION OF CAUSE
E I												- 49		F DEATH?
ž											_			23 2 _ NO
₹I	25. WAS CASE REFERRED TO	MEDICAL						26. PL	ACE OF D	EATH (Chec	ck only one)			_
S	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outp	patient 3	□ DOA	OTHE A D Nu		5 D D.	eldence (Other (Specify)			
±	27. MANNER OF DEATH		28a. DATE OF	INJURY		26b. TIME	E OF	26c. INJ	URY AT		28d. DESCRIBE HOW	INJURY OCC	UREO	
	1 Netural 5 Pe	ending vestigation	(Month, D	ay, Year)		INJI	URY M		RK? /ES 2					
B B S	a D County	ould not be	28e. PLACE O	F INJURY	- At ho	me, farm, s	treet, fac			-	261. LOCATION (Street	and Number	or Rumi Rou	its Number
₽		termined	building,	atc. (Spec	criy)						City or Town, State)		
COMPLET	29a. CERTIFIER 1 CERTIF	YING PHYSIC	CIAN: To the heat of	my know	ladae de	eth occur	of mt obs	N=- 4	244				_	
¥	(Check only one) 2 MEDIC	AL EXAMINER	R: On the beals of a	aminatio	n and/or l	nvestination	n. In me	oninion 4	and place,	and dua to	o the cause(a) and ma ime, data and placa, a	nner as state	d,	
	29b. SIGNATURE AND TITLE O					gation	-, ar my	openon, o				na dua to the	cause(s) s	nd manner as stated.
H H	AND TITLE O	CENTIFIEN	2/2 11	1	1		/		29c. LICE	NSE NUME	BER			fonth, Day, Year)
2	30 NAME AND ADDRESS OF I	PEDEON KAN	MINL	1	W)	1	\rightarrow		D15	5929		JU	LY 26	5, 1993

30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (17EM 27) (Type, Frint)

CHRISTOPHER UNGER

208

BETHESDA, MD. 20814

31. DATE FILED (Month, Day, Year)

JUL 2 8 1993



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

~

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CERTIFI	CALE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Wallace E. Goodi	ng, Jr.				2. DATE OF DEATH DATE OF DAT	77 'S'		
	4. SOCIAL SECURITY NUMBER 215-44-3427		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 5, 1	1.5	AShington DC	
NG.	9a. FACILITY NAME (If not institution, give st 145 Livingston Dri				PR LOCATION OF DE hanicsvi	EATH	9c. COUNTY	of DEATH Mary's	
5	RESIDENCE OF DECEDENT								
BY FUNERAL DIRECTOR	Maryland St. M			town on Local lechanic				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 145 Livingston Dri	Lve		101	. ZIP CODE 2065	9		OF WHAT COUNTRY?	
ΞI	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.C. ADMED	40 1110 075	CHOCKET OF LUCOS				
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp		NC ORIGIN? (Specify Yes n, Puerto Rican, etc.) /:	14. RACE — American Indian, Black, White, etc. Specify: White		
8	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S L	SUAL OCCUPATION	ON	166, KIND OF BUS	SINESS/INDUST		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Fire	ork done during mo retired.) Man	st of working	DC Gov	ernmen	t	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
BE C	Wallace E. Gooding	g, Sr.			Ida	Giese			
P	19a. INFORMANT'S NAME (Type/Print)					Poute Number, City or Tow			
	Margaret M. Goodin					echanicsvi			
	20e. METHOD OF DISPOSITION 1 Striel 2 Cremation 3 Remo 4 Donation 5 Other (Spacify)	oval from State	b. PLACE AND DATE OF Metery, crematory or oth Charles			s 7-30 Lec	cation — city nardto	or Town, State Wn, MD	
	21. SIGNATURE OF FUNERAL BERTICE SIG	Hacker	7		Funeral		MD 200	(04 0156	
	Benjamin M. N		00658			, Waldorf,			
	23. PART I. Enter the diseasea, prosphock, or heart fellure. I	List only one cause on	each line.					Approximate Interval Between Onset and Death	
	disease or condition resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF	CARILI	5	6 washes			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	:					
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	DIF TO (OR AS	A CONSEQUENCE OF				·		
BITI	that initiated events resulting in death) LAST	1	N ONOLOGENGE OF					İ	
	PART II. Other algolificant condition	s contributing to death	but not resulting in	the underlyin	a cause alves la	Part I. 24s. WAS AN	ALTTORON	24b. WERE AUTOPSY FINDINGS	
EDICAL		- Continuating to death	out not resulting in	The underlying	g cause given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ						-		1 🗌 YES 2 🗌 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:		OTHER:	a 5 Residence	6 Other (Specify)			
Ŧ	27. MANNER OF DEATH	26e. OATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURE	D	
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJU		PRK? YES 2 NO				
a	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, st	reel, factory, offic	•	28f. LOCATION (Street of City or Town, State)	and Number or R	lural Route Number,	
<u> </u>	290. CERTIFIER						_		
COMPLET	(Check only	CIAN: To the best of my known in the basis of examination						use(s) and manner as stated,	
Ü	29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NUM			GNED (Month, Day, Year)	
00	money	tala			1077			Caller and a second sec	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, I	Print)	00//	70	/-	28-93	
	/	32. REGISTRAR'S SIG			TON RI.	PT Wasi	4. Mc	20742	
	31. DATE FILEO (Month, Day, Year) NG 02 '93	Julia Day	doon-Randell	2					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 23334

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				HYGIENE REG. NO.	93	23334
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	WE A	3. TIME OF DEATH
	Estelle Harr	:ietGoldsmit	.h			July	29 19	993 YEA	6:45 p M
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	lar. Year)	Co	RTHPLACE (State or Foreign untry)
	217-76-9233) 2 YRS.			09-0	5-1930		aryland
00	9a. FACILITY NAME (If not institution, give st				OR LOCATION OF DI	EATH	9c.	COUNTY O	F DEATN
5	212 Amherst Stree	t (residence		Bryar	s Road			Charle	es
DIRECTOR	toe. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?
		Charles	Br	yans F			100		1 TES 2 NO
AAL	100. STREET AND NUMBER			101	. ZIP CODE		10g		F WHAT COUNTRY?
FUNERAL	212 Amherst Ro	12. WAS DECEDENT EVER II	VIII A PAGE	40 1000 000	20616			U.S	
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 X NO Specifi	an, Puerto Rici		8	ACE — American Indian, lack, White, etc.
ВУ	3 Widowed 4 Divorced	I TES, GIVE WAS ON DE	WES .	1 1 163	Z XV NO Specif	y.		I N	hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of wor	rk done during mo	ON st of working	16b. Ki	ND OF BUSINES	S/INOUSTR	Υ
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use :	retired.)			Home		
N N	17. FATHER'S NAME (First, Middle, Last)		Homem	aker	18. MOTNER'S NA				
S	Lester Gwynn 01	iver					ng 01:		
BE	19a. INFORMANT'S NAME (Type/Print)	11/01	19b. MAILING A	DDRESS (Street a	nd Number or Rural)
5	Ralph L. Goldsn	nith	212 A	mherst	Rd. Bi	ryans	Road,	MD	20616
	20e. METHOD OF DISPOSITION		PLACE AND DATE OF			OATE	20c. LOCATIO	N — City o	r Town, State
	1 Donation 5 Other (Specify)		nrist Ep				Ways	ide,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	M00817		D ADDRESS OF FA		Funor	.1 ц.	omo Tno
	Sauta	C. lches	_111	P.O.	Box 5	67 La	Plata	a, M	ome. Inc. D 20646
	23. PART I. Enter the diseases, or can shock, or heart fallure.	complications that cause List only one cause on e	I the death. Do no	t enter the mo	de of dying, suc	ch as cerdia	or respirator	y arrest,	Approximata interval Between
	IMMEDIATE CALIFE (Final				- 0				Onset and Death
	disease or condition resulting in death)	CARCI DUE TO (OR AS A	NOMA	0	t R	SKE	-AST		7-12.
		MET (OR AS A		Tic					
NO	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):	110					
=									
CATIC	cause. Enter UNDERLYING								
LIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):						
L CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	d			g ceuse given in	Part I. 24	la. WAS AN AUTO		24b. WERE AUTOPSY FINDINGS
AL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	d			g ceuse given in		PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE
AL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	d			g ceuse given in				AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	d			g ceuse given in		PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE
AL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	d	out not resulting in	the underlying	g couse given in	_ '	PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	d	out not resulting in	the underlying 26. PL DTHER: Nursing Hom	ACE OF DEATH (Ch	neck only one) 6 Other (S	PERFORMED YES 2 N	900	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATN	d	out not resulting in	26. PL OTHER: I Nursing Hom RY WO	ACE OF DEATN (CA	neck only one) 6 Other (S	PERFORMED	900	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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	1 - STATE REGISTRAR		CERTIFICAT	NT OF HEALTH ANI TE OF DEATH	REG. NO							
	1. DECEDENT'S NAME (First, Middle, Las SOPHTE M	FATKER			2. DATE OF DEATH MONTH	DAY C	SEAR 3. TIME OF DEAD					
	4. SOCIAL SECURITY NUMBER 578 - 20 -5657	1 - M 2 XE	(In yrs. last birthday) IF UNI 87 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS B DAYS HOURS MIN	Chila with a Charles had a	100	BIRTHPLACE (State or Foreign Country) MARYLAND					
CTOR	9a. FACILITY NAME (If not institution, give HOLY CLOSS RESIDENCE OF DECEDENT	SPITAL	96. CI	TY, TOWN OR LOCATION OF		The same	OF DEATH					
L DIRECTOR	MD 10a, STATE 10b, COUNTY 10b, COUNTY 10c, STREET AND NUMBER	NTGOMERY	STLVER	R SARING			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	8811 COLESUA	THE ROA	D#405	101. ZIP CODE 2091	6		N OF WHAT COUNTRY?					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: WHI								
COMPLETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5 +)	16a. DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	e during most of working	MATION 16b. KIND OF BUSINESS/INDUSTRY							
once.	AT PATHERINA MARK CO. A ACCUMANT	2	HOMEMAKI			HOME						
111 B	17. FATHER'S NAME (First, Middle, Last) MORRIS WEINSTE	EIN		18. MOTHER'S	NAME (First, Middle, Maide H BAROWSKY							
TO BE	19a. INFORMANT'S NAME (Type/Print) PEWEDT V DACTEDA	JAV.		SS (Street and Number or Ru	ral Route Number, City or To	wn, State, Zip Co						
2	BEVERLY PASTERNAK 11516 KAREN DRIVE - POTOMAC, MARYLAND 20854 20a. METHOD OF DISPOSITION 12 Burlei 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION [Name of cemetery, cremetory or other place]											
and and and and and and and and and and	4 Donation 5 Other (Specify) KING DAVID MEMORIAL GARDEN 7/29 FALLS CHURCH, VIRGINIA											
examiner	THE SERVICE I	LICENSEE	2	2. NAME AND ADDRESS OF	FACILITY							
	DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MARYLAND 20 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximeta											
atic event, the medical	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentiely list conditions,	. Deep	CONSEQUENCE OF):	lhambasis			Interval Batweel Onset and Daat 7 day					
ry, or other traumatic	Sequentiary liat Contions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significent condition	ons contributing to deeth b	ut not resulting in the	underlying ceuse given		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
IAN IS	25. WAS CASE REFERRED TO MEDICAL	<u> </u>		26 PLACE OF DEATH	Charle anti-anni							
PHYSICIAN:	EXAMINER?	HOSPITAL:	atlent 3 DOA 4 N	26. PLACE OF DEATH (ER: uraing Home 5 □ Residence								
P. H.	27. MANNER OF DEATH 1 New York S Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED					
ED BY P	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, farm, street, fa	28f. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,						
~ -	building atc. (Specify)											
MP	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dev. Vis											
D BE COMPL	29b. SIGNATURE AND TITLE OF CERTIFI	anly me) .	29c. LICENSE N	Ly96	29d. DATE SI	GNED (Month, Day, Year)					
D BE COMPL	2 MEDICAL EXAMIN	anly me) .	D430	196 20902	29d. DATE SI	GNED (Month, Day, Year)					

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BALTIMORE, MARYLAND 21215-0020	us after death. Page 6 may be retained by the hospital or attending physician.	TERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be writn the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE EMPERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furning the formation of the formation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR 1 - STATE STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CENTIF	ICALE	JF DEA	111	REG.	VO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	/)	N JOSEPH	GILHO	OLY		2. DATE OF CEATH	3-2 C	YEAR 3. T	TIME OF DEATH 3/8 AM
	4. SOCIÁL SECURITY NUMBER 101-30-3697	5. 9EX 6. AGI	52 YRS.	IF UNDER 1 YE	AR IF UNDE	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year NOV. 3, 1		8. BIRTHPLAC Country) NEW Y	CE (State or Foreign
	9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TO	WN OR LOCAT	ION OF DE			TY OF DEATH	
DIRECTOR	12817 JINGLE LAN	Ε		SIL	VER SP	RING		МО	NTGOME	RY
Ä	10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR L	OCATION				10d	. INSIDE CITY
	MARYLAND MONT	TGOMERY		SILV	ER SPR			40. 000	1 C	LIMITS? YES 2 NO
FUNERAL	12817 JINGLE LANE					20906			USA	COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 V NO	If ye	DECENDENT s, specify Cub YES 2 NO	an, Mexicar	NC ORIGIN? (Specify n, Puerto Rican, etc.)	Yee or No	14. RACE - A Black, Wh Specify: WHIT	merican Indian, ite, etc.
	15. OECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCU	PATION		16b. KINO OF	BUSINESS/INDI		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ATTORN	se retired.)	g most of world	ing				_ 10
8	17. FATHER'S NAME (First, Middle, Last)	J.	_ ALLOKI	EI	18 MOT	HER'S NAI	ME (First, Middle, Mai	Yan Cumama)		
BE C	JOHN GILHOO	DLY				1ARY	0'C0	NNOR		
6	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Numbe	r or Rural F	loute Number, City or	Town, State, Zip	Code)	
	ELIZABETH W. GILH		12817	JINGLE	LANE	SIL	VER SPRI	NG. MD	2090	6
	20a. METHOD OF DISPOSITION 1\(\sum_{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\texit{\tex{\texi}\text{\texi}\text{\text{\texi}\text{\text{\text{\tex	oval from State	Ob. PLACE AND DATE OF THE COMPANY OF STREET OF H	ther nlanel		7DV		LOCATION — C		247
	21. SIGNATURE OF FUNERAL SERVICE LIC	Spece 1/ //	111	22. NAS	E AND ADDRE	SS OF FAC	LINS FUN			
	Mark	· /wee					BLVD.,W			
	23. PART F. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on	eech line.							Approximate interval Between Onget and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	с	A CONSEQUENCE OF							
問		d							 i	
EDICAL	PART II. Other algorificent condition	a contributing to deeth	but not resulting	In the under	lying ceuse	given in i	PERI	AN AUTOPSY FORMEO? 2 \(\sum \) NO	AWAII COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?
2									1 10	YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF E	EATH /Che	nck only one)			
င္တ	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	Instinct 3 DOA	OTHER:						
PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending	26e. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c	INJURY AT WORK?		8 Other (Specify) 28d. DE\$CRIBE HO	W INJURY OCC	URED	
ED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Sp	IY — At home, ferm, a				281. LOCATION (Stre City or Town, St	et and Number (ste)	or Rural Route I	Number,
9 1	290, CERTIFIER		CONTROL OF THE PROPERTY OF THE							
COMPLETED	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kno R: On the basic of examinati								menner es atated.
TO BE C	and side of certifies	Xodish	m.D.		29c. LIC	ENSE NUM	BER 1612	29d. DATE	SIGNED (Mont	th, Day, Year)
	Jules R. Lodish	, M.D. 2	901 Olney		Spri	ng R	d. MD	20832-	1521	
	JUL 2 6 1993	12 DECUSTRARISASION - 10	nature nature							



SALLIMORE, MARTLAN	TO THE HIGGS ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE FINE ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	to the second of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR		OTATE OF I	TARVI AND	· DEDAR								13	23331	
	1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	ICATE	OF H	DEAT	AND I	MENT	AL HYGIEN REG. NO				
1	1. DECEDENT'S NAME (First,									MO	TE OF DEATH	AY	YEAR	3. TIME OF DEATH	
	Wendell LaV		erman	6. AGE (In yrs. I	- a blabata d			1		Jul	Ly 23,	1993		5:45 A. M	
	217-01-7257		1 X M 2 □ F	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	Mai	onth, Day, Year)	1910	Country	PLACE (State or Foreign) nois	
ac	9a. FACILITY NAME (# not in					200		DR LOCATI	ON OF DE	EATH			NTY OF DE		
01,	Shady Grove	Adven	tist Hos	pital		Roc	kvi1	le				Mont	Montgomery		
REC	10a. STATE	10b. COUNTY	•		10c. CIT	Y, TOWN C	R LOCAT	ION			-			10d. INSIDE CITY LIMITS?	
FUNERAL DIRECTOR		Montg	omery		Gai	ther								1 TYES 2 X NO	
RA	411 Chestnu	- A				101. ZIP CODE				1 6		HAT COUNTRY?			
JNE	11. MARITAL STATUS	c Ave.	12. WAS DECEDEN	T EVER IN U.S. A	RMED	12.1		2087		NO OBY	GIN? (Specify Yes	U.S			
	1 Newer Married 2 X		FORCES? 1 IF YES, GIVE W	YES 2	NO] (f yes, spe	ecify Cuba	n, Maxica	n, Puerl	to Rican, etc.)	or No-	14. RACE Black Specifi	— American Indian, Whila, atc.	
р Ву	3 Widowed 4 Divo								ороспу	· 			эрөст	White	
	(Specify only	EDENT'S EDUC highest grade	completed)		Give kind of the Do NOT us	work done o	during mo	ON st of working	ng	İ	6b. KIND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5 -	F)	nager						Automob	ile	Deale	ership	
S	17. FATHER'S NAME (First, M.			····				16. MOTH	HER'S NA	_	t, Middle, Maiden				
BE	William Spea		man								e Pheob	_	_		
임	Evelyn M. Ge										mber, City or Tow ersburg			77	
	20a. METHOD OF DISPOSITI	ON	-1919-7	20b. PLACI	ANDDATE	OF DISPOS	ITION /No.	me of			ATE 20c. LO				
	1 XBuriel 2 Crematio 4 Donation 5 Other	(Specify)		Park]	remetory or o	ther plece) lemor	ial	Park	5	7/	26 Roc1	kvill	Le, M	aryland	
	21. SIGNATURE OF FUNERAL	SERVICE U	ENSEE			22.	NAME AN	D ADDRES	SS OF FA	CILITY					
	* ×	<.(74									ither	sbur	g, MD 20877	
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ert fallure. I	complications the List only one cau	se on each lin	le.							-		Approximata interval Batween Onset and Death Z Mo	
CERTIFICATION	Sequentielly list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	diate NG ry	b OUE TO	(OR AS A CONSI	EQUENCE OF	F):									
PHYSICIAN: MEDICAL (PART II. Other significant Pncum (a)		e contributing to	death but not (a)	resulting	In the un	derlylng	Couse o	2 M	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO	
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF O	EATH (Che	ock only	one)				
14S	1 YES 2 NO		1 Inpatient 2 28a. DATE OF	ER/Outpetient	3 DOA	4 🗆 Nurs	Ing Home		aldenca		her (Specify)				
BY PI	1 Natural 5 🗆 I	Pending nvestigation	(Month, De			URY	28c, INJU WOI 1 Y	RK?] NO	28d, U	ESCRIBE HOW IT	NJURY OC	CURED	i	
	3 Suicide 6	Could not be letermined	28a. PLACE Of building,	FINJURY — At hetc. (Specify)	ome, tarm, s	treet, facto	ory, office				OCATION (Street at ty or Town, State)	and Number	or Rural Ro	oute Number,	
COMPLETED			CIAN: To the best of R: On the basis of ax											and manner as stated.	
BE C	296. SIGNATURE AND TITES		010						NSE NUM					Month, Day, Year)	
		Luto	JCV1	Non-		mi		0	72	3	1	• .	7-2	3-93	
	Sames R	m	0000	20	778	,	~ A	ne	Go	-11	pesto.	100 1	md	20077	
	JUL 26 1993 June														

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DEBORAH 31. DATE FILED (Month, Day, Year) JUL 27 1993

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAF ERTIF	TMENT (F HEALTH	AND ME	NTAL HYGIEN REG. NO	IE .	3	23338
	1. DECEDENT'S NAME (First, Middle, Last)	210-016						DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	JOSEPHINE 6		Joseph	-	V. Gi	bons			23	42. 4	9:00 P M
1	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. las		IF UNDER 1 Y	EAR IF UNDER	R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	344-10-6352 90. FACILITY NAME (If not institution, give s	1 M 2 F	90	YRS.				eb 18,		Iowa	
Œ	TARA GROUP H					WN OR LOCAT	ON OF DEATH			TY OF DE	ATH
16	RESIDENCE OF DECEDENT				WOO	<u>dbine</u>			Hov	ward	
DIRECTOR	10e. STATE 10b. COUNT				Y, TOWN OR					1	10d. INSIDE CITY
	Maryland Mont	gomery		Cr	evy C						I ☐ YES 2 📉 NO
FUNERAL		No soul				101. ZIP COD	_				IAT COUNTRY?
뾜	2918 Greenvale F	12. WAS DECEDENT	EVER IN U.C. AD	MED	1 40 110	20815					States
4	1 Never Married 2 Merried	FORCES? 1 FYES, GIVE WAS	YES 2 X N	NO.	If y	s, specify Cube	n, Mexicen, Pu	PRIGIN? (Specify Yeureto Rican, etc.)	or No-		- American Indian, White, etc.
ВУ	3 Widowed 4 X Divorced	IF TES, GIVE HAV	OR DATES		''	YES 2 X NO	Specify:			Specify:	White
EO.	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	(G)	ive kind of	USUAL OCCU	PATION g most of worki	na .	16b. KIND OF BU	SINESS/INDL	JSTRY	
7	Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	1170.	DO NOT U	e retired.)	g most or work	-9				
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		Lit	orari	an			Stockb		age	
В	Jacob	Vidas					,	First, Middle, Meiden	_		
00	19a. INFORMANT'S NAME (Type/Print)	VIGGS	198	. MAILING	ADDRESS (S		nna or Bural Bouta	Number, City or Tow	Ervie		
임	Joyce Van Meer	(Daughte			as #1			realized, only or lon	ri, Orona, Esp	0000)	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cormation 3 Rem		20b. PLACE	NDDATE	FDISPOSITIO	N (Name of		DATE 20c. LO	CATION — C	ity or Town	n, State
	4 Donation Cher (Specify)		Subui	rban	Crema			7-25 Si.	lver S	Sprin	ng, MD
	21. SIGNATURE OF PUNERAL SERVICE LIC	3.CM	MOO	0827	Raj	Gist	eral Se	ervices, Silver S	orina.	. MD	20910
	23. PART I. Enter the diseases, or contact the second seco	emplications that o	aused the de	ath. Do r	ot enter the	mode of dy	ing, such as	cerdlec or reap	ratory arre	at,	Approximate
	IMMEDIATE CAUSE (Finel	and biny bild dade	DIT CACIT INTE.	•							Onaet and Death
	disease or condition resulting in death)	. CARDI									
		-	R AS A CONSEC		,	neces	T alt	(- N.	1	,7
NO.	Sequentially list conditions, if any, leading to immediate	b. CERER	R AS A CONSEC	DUENCE OF	C /+ L	HCCIL	ieni (ONE OF	MA NY		days
CAT		- MULT	INFAR	CT	DEN	1ENTI	A				YEARS
ERTIFICATION	that initiated events	DUE TO (O	R AS A CONSEC	DUENCE OF):						Jenko
	resulting in death) LAST	d									
LC	PART II. Other algorificent condition	e contributing to de	eath but not re	esulting I	n the under	lying cause (lven in Part	I. 24s. WAS AN	AUTOPSY	24b. W	PERE AUTOPSY FINDINGS
2								PERFOR		A C	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEC								1 1 125 2	TV MO	0	F DEATH?
ž											_ 125 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				6. PLACE OF D	EATH (Check o	nly one)			
PHYSICIAN: MEDICAL	1 TYES 2 THO	1 Inpatient 2 I E	R/Outpatient 3	□ DOA	OTHER:	Home 5 🗆 Re	sidence 6	Other (Specify)	ROUP	OHO	ME
표	27. MANNER-OF DEATH 1 Natural 5 Pending	28e. DATE OF IN. (Month, Day,		28b. TIM	JRY	. INJURY AT WORK?	28d	. DESCRIBE HOW I	NJURY OCCL	JRED	
BY	2 Accident Investigation	20. 81 105 05				YES 2					
E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	Specify)	ne, ferm, a	treet, factory,	office	281.	City or Town, State)	ind Number o	r Rurel Rou	ite Number,
COMPLETED	290. CERTIFIER CERTIFYING PAYOU	MAN. To the control of									
MP.	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the basis of exam									
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER			varigatio	., in my opini						
BE	100/01 9 B	Huldle	Q				NSE NUMBER	Muryla.	29d. DATE	SIGNED (M	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type,	Print)	1011	1 < 3.	11419141	U	1124	1193

B GOLDBERG, 8700 GEORGIA AVENUE, SILVERSPRING MARY LAP

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Detr. of Health and Mental Hydiene prior to burial, cremation, or removal	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN THE MISSIPHAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of INTECTOR: After this certificate has been signed by the attending physician and completely filled in by the interpretation of the physician and completely filled in by the interpretation of the physician and completely filled in by the interpretation of the physician and completely filled in by the interpretation of the physician and physician and completely filled in by the interpretation of the physician and physician and physician and physician and physician and physician are proportionally and physician and physici	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

5	1. DECEDENT'S NAME (First	, Middle, Lest)	Harol	ld Ra	yman	d H	EFLI	N			2. DATE OF	DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGF (in urs last hirthday			n					July 16 199			993	0540A M	
	214-09-5010		5, SEX 1 ⊠ M 2 □ F	8. AGE (II	AGE (In yrs. lest birthday) 82 YRS.			DAYS	HOURS	MIN.	CO. A. C. C. L.		1911	Countr	PLACE (State or Foreign y) rginia
	9a. FACILITY NAME (If not institution, give street and number)						9b. CIT	r, TOWN	OR LOCATI	ON OF DE				NTY OF D	9
0 E	Washington		y Hospita	a1			На	gers	town				We	shi	naton
<u>Π</u>	RESIDENCE OF DEC	10b. COUNTY	,			10c. CIT	Y, TOWN	OR LOCA	TION						10d, INSIDE CITY
DIRECTOR	Maryland		shington				gers								LIMITS?
FUNERAL	100. STREET AND NUMBER		Street					10	217				-	S.A.	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 3 Midowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 10	ED.		If yes, sp	CENDENT (ecify Cubi	n, Mexica	IIC ORIGIN? (n, Puerto Ric	Specify Yea an, atc.)	or No-	14. RACE Black Speci	— American Indian, t, Whita, atc.
	15 DEC	EDENT'S EDUC	CATION		10- DE01	POCNEIO	<u> </u>								***************************************
ETE	(Specify only Elementary/Secondary (0	y highest grade	completed)		18a. DECE (Give life. D	KIND OF Y	vork done te retired.)	during mo	ost of working	ng	16b. K	IND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elemanary/Secondary (0	F-12)	College (1-4 or 5 -	"		car	pen	ter			co	onstr	ucti	on	
Š	17. FATHER'S NAME (First, M								18. MOT	HER'S NAI	ME (First, Mick		Sumame)		
BE (Leonard		eflin							Lula	Cu11				
10	Mrs. Tamara	,, ,			19b. 33	MAILING 8 1	oth .	s (Street a Aven	ue S	or Rural R	, Suri	City or Town	n, State, Zi Bea	ch,	SC 29575
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 5 Other	ION on 3 🗆 Remo	oval from State	20b.	PLACE AN etery, creme LOSE	DDATE C	of DISPOS	mete	me of		7-19			City or To	wn, State Maryland
	21. SIGNATURE OF FUNERA		ENSEE						ND ADORE	SS OF FAC	CILITY I	_			al Home
		-	Moster	_											wn, MD 21740
	IMMEDIATE CAUSE (Findisease or condition	eart fellure.	complications that	ise on ea	ich line.						ea cardla		ratory er	reat,	Approximate interval Between Onset and Death
	resulting in death)	7	OUE TO	(OR AS A	CONSEOU	ENCE OF	1	1		1 1/	1atri	<u> </u>			
CERTIFICATION	Sequentially list conditi if any, leading to immed	diate	DUE TO	(OR AS A	CONSEON	ENCE OF): - <u> </u> []	KTOL	NINO	el 14	orti	CH	Neu	1751	my .
FICA	cause. Enter UNDERLYI CAUSE (Disease or inju- that initiated events		QUE TO	(OR AS A	MON	ENCE OF	7: ,		1	0	(
Ä	resulting in death) LAS	T C	. CO.	200	10	Ob	Str	UC-	HVE	Rel	mono	cry!	Vis	944	
	PART II. Other significa	nt conditions	s contributing to	deeth bu	it not res	ulting i	n the ur	derlying	g cause g	lven in l	Part I. 24	ia. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL											_ ,	PERFOR	^		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
ME												-			1 TES 2 NO
AR	25 W40 0405 05550050 T														
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1															
Ĕ	27. MANNER OF DEATN		28a. OATE OF	_		28b, TIM		sing Hom 28c, INJ		sidence	B Other (S 28d. OESCR		THIBA OC	CUBED	
ВУ Р		Pending Investigation	(Month, De	ay, Year)		INJ		WO	RK? /ES 2	NO	200. 023011	IDE HOW I	vaoni oc	CORED	
	-					- At home, farm, street, factory, office					ON (Street a fown, State)	ot and Number or Rural Route Number, te)			
3	29e. CERTIFIER	IFYING PNYSIC	CIAN: To the best of	my knowle	doe, desti	h occurre	d at the t	lme date	and place	and due	to the cause/	a) and man		lad.	
COMPLETED	(Check only one) 2 MEDI	CAL EXAMINES	R: On the basis of ex	camination	and/or Inv	restigation	n, In my c	pinlon, d	eath occur	ed at the t	time, data an	d placa, and	dua to th	ne cause(a)	and manner as stated.
H H	296. SIGNATURE AND TITLE	OF CERTIFIER		WE					29c. LICE	NSE NUM	BER /		29d. DAT	E SIGNED	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	E OF DEAT	TH (ITEM 2	27) (Type,	Print)	cl	1	101	1		^	1-1	0-13
	31. DATE FILED, (Month, Qay,	FC20V	32. REGISTRA			164	am	51	. (199	anto	nac	11	100	21740
	10FT?	1993	Julie Da			sail.				7					1

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

212-38-8700

Daniel

Leonard

1 🖾 M 2 🗌 F

5. SEX

HOHMAN

6. AGE (In yrs, lest birthday)

79 YRS.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAIL OB ATTENDING BUYCINIAN The last manifest that the death confidence he meaning within
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OF	DUVELL
ON	AIDING
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Sh	~	SHI PAGETT NAME (# 70)		,		ľ	9b. CITY	r, TOWN C	R LOCATION OF D	EATH			
2, 3	CTOR	1424 The Terrace Hagerstown											
-	5	RESIDENCE OF DECEDENT											
on the	DIREC	Maryland	106. COUN	nington			OR LOCAT						
F.				iington		na	iger	stow	11				
per	A	10a. STREET AND NUMBER						101	. ZIP CODE				
nst	L	1424 The 7	ľerrac	е					2174	2			
physician. burlal-transit permit. Pages	FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S. AF		13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	(Specify		
		1 Never Married 2	_	FORCES? 1 S	OR DATES	NO			city Cuban, Mexic 2 T NO Speci		can, etc.)		
ding	ВУ	3 Widowed 4 Div	orced	W.W. II			- 1		- 15 110 1500				
or attending r use as the	COMPLETED	15. DE	CEDENT'S ED	UCATION (e. completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N st of working	16b. I	KIND OF		
Mor u		Elementary/Secondary		College (1-4 or 5+)	life	Do NOT use	e retired.)						
by the hospital or be detached for at once.	4P	0-12		6	ora	1 & 1	naxi.	llof	acial su	ırgeon	De		
by the hobe detact	Ö	17. FATHER'S NAME (First, I	Middle, Last)						18. MOTHER'S N	AME (First, Mi	ddle, Mai		
# 8 E	ш	A1	bert I). Hohman					Olive	B. G	res		
5 should to	0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a	nd Number or Rural	Route Numbe	r. City or		
5 sl	5	Mrs. Ethel	C. Ho	hman					ace, Hag				
page page		20p, METHOD OF DISPOSI			20b. PLACE						_		
6 may ctor, pa		1 Burial 2 ☐ Cremati 4 ☐ Donation 5 ☐ Othe	on 3 🗆 Rei	noval from Stata	cemetery cre	matory or oth	her place)	MIION IN	me or	DATE			
er death. Page 6 may be the funeral director, page val.		21. SIGNATURE OF FUNER.		I/ENGE E	UILLO	n Cen				7-15			
a lera			AL SERVICE E	no n		1			D ADDRESS OF F		linn:		
e fe fe		74	10%	11/1W.	nace	el	4	15 E	ast Wils	son B1	.vd.		
hours after of in by the or removal.		23. PART I. Enter the	diseases, or	complications that c	aused the de	ath. Do n	ot enter	the mo	de of dylng, suc	ch as cardi	ac or re		
or re		snock, or I	neart fallure	. List only one cause	on each line				- 0.10 H				
24 hour filled from or the m		IMMEDIATE CAUSE (FI disease or condition	nel	0 1	C			1					
d within 24 ompletely fill f, cremation, event, the		resulting in death)	→	a. Cardi	90	ari	r & S) /					
ted within completely lal, crematifications				011	AS A CONSE	OUENCE OF): 		201.	. 100			
at pri	CERTIFICATION	Sequentially llet conditions, Due TO (OR AS A CONSEQUENCE OF)											
re be exprision a prior to	A	If any, leading to immediate cause. Enter UNDERLYING											
certificate be ding physician hygiene prior r other trau	[[CAUSE (Disease or Inj		C. DUE TO (OF	AS A CONSE	OHENOE OF							
certificate nding physique p	Ē	that initiated events resulting in death) LAS	ST I	DOE 10 (01	AS A CONSE	JUENCE OF).						
eath certificate be attending physician ntal Hygiene prior ti	览	d											
E Me		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS											
that the ed by the and it and it	DICAL			ular							PERI		
he law requires that has been signed by Dept. of Health ar n 23 shows any		C CDIO	O K J C	- Chia	0,00	TUE	7 1 7				1 TYES		
requires een sign of Heaf	Σ									_			
as bept.	ÿ												
N: The icate h	ਹੋ	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH (C	neck only one)			
SICIAN: The certificate the State or Item	PHYSICIAN:	1 TYES 2 NO		1 - Inpatient 2 - El	R/Outpatient 3				5 Residence	6 🗆 Other	(Specify)		
PHYSIC this ce with th	표	27. MANNER OF DEATH		28a. DATE OF IN. (Month, Day,		26b. TIME	OF	28c. INJ	JRY AT RK?	28d. DESC	RIBE HO		
TT -	BY	1 Netural 5 2 Accident	Pending Investigation	, , , , , , , , , , , , , , , , , , , ,			M	1 🗆 1	-				
TTENDING TOR: After after death		9 Cutates -	Could not be	28e. PLACE OF III	JURY — At ho	me, ferm, st	treet, fact	lory, office		26f. LOCAT	TIDN (Stre		
28 afte	TED	4 Homicide	determined	building, etc	(Specify)					City or	Town, St		
HEPITAL OR ATTENDING UNEHAL DIRECTOR; After Within 72 hours after death IANT. If Nom 28 is ma	COMPLET	29a. CERTIFIER	TIEVING BUY	NCIAN. To the best of	leasure de la de				VA-10	liter -			
	₩ I			SICIAN: To the best of my									
HEPTTAL FUNERAL WITHIN 72 MTANT: II	8			ER: On the basis of axam	ination and/or	Investigation	n, in my o	opinion, de	eath occured at the	time, data a	nd place,		
THE W	ш	296. SIGNATURE AND TITLE	E OF CERTIFIE	ER/					29c. LICENSE NU	MBER			
D THE HESTITAL TO THE CUNERAL DE filed within 72 IMPORTANT: II	O B	Thora	1 11	Murns	unit	TM.	DF	h.a					
	5	30. NAME AND ADDRESS O											
		George Newm	an	1799 Ho	well R	load,	Hag	erst	own, Md.	2174	0		
		31. DATE FILED (Month, Day,	Year)										
	1	JUL 1	41993	32 MEGISTRAR'S	-	adall.							
_		A		1.1.4									

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH MONTH July 11, 1993 3. TIME OF DEATH YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign March 16,1914 Pennsylvania 9c. COUNTY OF DEATH Washington 10d. INSIDE CITY LIMITS? ₽ YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White BUSINESS/INDUSTRY entist den Surname) singer Town, State, Zip Code) Maryland 21742 LOCATION --- City or Town, State cConnellsburg, PA ich Funeral Home , Hagerstown, MD 21740 spiratory arrest, Approximata Interval Between Onset and Death lor disease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AN AUTOPSY FORMED? 3 2 NO 1 YES 2 NO W INJURY OCCURED net and Number or Rural Route Number, manner as stated. and due to the ceuse(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 9 3

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	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
*	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
포		Pages 1, 2, 3 should
99	led within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	
0	OCTUBIL if How 20 to marked as How 22 shave any interes to actual answer the mention of any animal and animal and animal and animal ani	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN	Ł	3 23341
-	1. DECEDENT'S NAME (First, Middle, Last)	VIOLA H	enson			2. DATE OF DEATH MONTH D		3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 218-24-2141 9a. FACILITY NAME (If not institution, give six	1 🗆 M 2 💢 F	76 YRS. M	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	17	BIRTHPLACE (State or Foreign Country) Mary Land
TOR	Washington County		•	Hager	STOWN	OF DEATH HINGTON		
DIRECTOR		nington		POOI	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	12995 Lanes Run F			101	21711			SA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo tired.)	DN st of working	16b. KIND OF BUS	SINESS/INDUST	
MP	n/a 17. FATHER'S NAME (First, Middle, Last)	n/a	Housewif	е		Home		
	Oliver Clint	ton F	Bowers		Mary	ME (First, Middle, Meiden Emma Cat	_{Sumame)} herine	Baker
TO BE	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street a		loute Number, City or Town		
ř	Emilia J.Henson		12995	Lanes	Run Rd.B	ig Pool,MD	21711	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo		PLACE AND DATE OF to	place)				or Town, State
	21. SIGNATURE OF FINE PAS SERVIOL LICE	ENSEE	air's Valle		TY JULY 16		ar Spr	ing,MD 21722
	·////	Minu		1	RNE Funer	ral Home B Williams	nort M	D 21795
	23. PART I. Enter the diseases, or conshock or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Afflux.	the death. DD not inch line.	enter the mo	de of dyling, such	as cardiac or respi	ratory arrest	, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
MEDICAL	PART II. Other significant conditions	contributing to death be	ut not resulting in t	he underlying	ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYPES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Che	ok anti-anal		
SIC	EXAMINER?	HOSPITAL:		THER:	5 - Residence			
H	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJ	JRY AT	26d. DESCRIBE HOW IF	NJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
TED	3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, atc. (Speci	At ho <i>m</i> a, farm, stree fy)	et, factory, office		26f. LOCATION (Street a City or Town, State)	nd Number or F	tural Route Number,
COMPLETED		IAN: To the best of my knowle : On the bests of examination						iuse(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Chau, pol)		29c. LICENSE NUM			GNED (Magth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	0 17/4	Frsta	un m	021140	-//	1)
	"JULI 61993" J.	32. REGISTRAR'S SIGNA		110				

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

URE EMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should writh it is State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	4											93	23342	2
	1 - FOR STATE REGISTRAR		MARYLAND /	DEPAR	RTMEN'	T OF H	IEALTH DEA	AND I	MENTAL	HYGIEN REG. NO.				int
	1. DECEDENT'S NAME (First, Middle, L	,							2. DATE OF	D/	AY	YEAR	3. TIME OF DEATH	
	Everett A	lfred Ha	rvey		1		1		July	21	199	3	1100 a	M
	215 07 3955	1.5 M 2 F	6. AGE (In yrs. les	vrs.	MONTHS	DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF (Month, 1	BIRTH Day Year)	12	8. BIRTHI Country	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, g	**	15	1110.	ab CIT	TOWA (OR LOCATION	2011 OF D		.9 13.				_
2	Garrett Co. Mem				100	land		ON OF DE	EAIH			nty of DE		
DIRECTOR	RESIDENCE OF DECEDENT	<u> </u>										Trec		_
IRE	Md Ga:			200	TY, TOWN								10d, INSIDE CITY LIMITS?	_
	100. STREET AND NUMBER	rrett			(itzm								1 TES 2 NO	
FUNERAL						101	f. ZIP CODI	_			10g. CITI	IZEN OF W	HAT COUNTRY?	_
N.	Star Rt	12 WAS DECEDED	NT EVER IN U.S. AR	2-150		772.055	215				US			_
	1 Never Merried 2 Merried	FORCES? 1	YES 2 AN	NO		If yes, spe	ecify Cuba	nn, Maxica	NIC ORIGIN? (in, Puerto Ric	Specify Yee an, etc.)	or No-	14. RACE Black	- American Indien, , White, atc.	
В	3 Widowed 4 Divorced	IF TEG, GITE.	MA OH DAIES			1 [] YES	2 🙀 NO	Specify	λ:			Spinin	nite	
COMPLETED	15. DECEDENT'S (Specify only highest g		16e. DE	ECEDENT'S	USUAL O	CCUPATIC	ON of working	anay.	16b. K	IND OF BUS	NESS/INC	DUSTRY		_
9	Elementary/Secondery (0-12)	College (1-4 or 5	+)	No NOT u		during mo.	St Ut Worker	19		0-61				
¥.	UNK 17. FATHER'S NAME (First, Middle, Lest)		Coa	al Mi	ıner		-			Coal				
	William Harvey						1		ME (First, Mid		Surname)			
BE	19e. INFORMANT'S NAME (Type/Print)		T 19	L MAILING	ADDRES	C (Compat a			Wilson Number,					_
2	Robert Harvey		S	Star :	Rt	Kit	zmil.	ler,	noute Number, Md 2.	1538	1, State, Zip	Code)		
	20a. METHOD OF DISPOSITION		20b. PLACE						DATE	_	CATION -	City or Tow	Ctata	_
	1 1 □ Buriel 2 □ Cremetion 3 □ 5 4 □ Donation 5 □ Other (Specify)	Removal from State	cematery, cre Mt Z	ematory or o	other place))			7-23-9			on Md		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	TIL O.	TOIL	22.	NAME AN	ND ADDRES	SS OF FAC	CILITY					_
N.	> //and	D 13/100	dorb						ck Fu					
	23. PART I. Enter the diseases,	or complications the	at caused the de	ath. Do	not entar	O BO	X 5Z	Ing. auc	itzmi.	LLer,	Ma a	21538	Approximate	_
	shock, or heert fellu IMMEDIATE CAUSE (Final	ure. List only one cau	ise on each line	9.		100		1181		, or	and y	eat,	Interval Batween Onset end Deeth	
	disease or condition resulting in death)	. lobar	nneumoni	2									2 weeks	1
Ì	readiting in deatiny	DUE TO	OR AS A CONSEC	DUENCE O	IF):								2 WEENS	-
Z	Sequentially list conditions,	r ⊾ metast	atic col	on c	arci	noma	i						2 years	
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								1	
10	CAUSE (Disease or Injury	c. Diff TO	OR AS A CONSEC	CHENCE O									ļ	
Ë	that initiated events resulting in death) LAST	DOE .C	(OH AS A CONSEC)UENCE O	F):									
E		d,												_
- 11	PART II. Other significent condit	tions contributing to	death but not n	esulting	In the ur	nderlying	cause ç	jivan in	Part I. 24	Ia. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	_
DIC									1	YES 2			COMPLETION OF CAUSE DF DEATH?	
ME													1 YES 2 NO	
Z	//													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE DF DE	EATH (Che	eck only one)					_
14S	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF	ER/Outpatient 3	28b. TIM	4 🗆 Nun	rsing Home		sidence	8 Other (S	-				
	Le Netural 5 Pending	(Month, D			JURY M	28c. INJU WOF 1 Y	RK?	¬ MO	28d. DESCR	IBE HOW IN	JURY OCC	CURED		
BY	2 Accident investigation 3 Suicide 8 Could not	28e. PLACE O	F INJURY — At hor	me, farm,	atreet, fact			-	281. LOCATI	ON (Street a	nd Number	or Rural Ro	outo Number	_
ET.	4 Homicide determined	building,	etc. (Specify)							lown, Stete)			The state of	
COMPLET	290. CERTIFIER 1 CERTIFYING PH	HYSICIAN: To the best of	mv knowledge, de	ath occurr	ed at the f	time date	and place	and due	to the cause	(a) and man	etet			
OM		MINER: On the beele of e											end menner ea stated.	
S I	29b. SIGNATURE AND TITLE OF CERT							ENSE NUM					(Month, Day, Year)	_
8	1111461	1 -						200			290. DATE	E SIGNED (Month, Day, rear)	ı

296. SIGNATURE AND TITLE OF CONTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Tolky 9 tol h	D39314	1/22/93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day Year) 32 REGISTRAR'S SIGNATURE
SUNA DAVIDSON—Randelle 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Lust) IMOGENE AR	IMOGENE NOLD HO	A. DGES	HODGES			MAY 91 B, 1993	3. TIME OF DEATH 3:25 P. M	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign	
	370 00 3322	☐ M 2 💢 F	74 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) SEPT. 11		OKLAHOMA	
_	Se. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOWN C	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	SUBURBAN HOSPITAI	<u> </u>		BET	HESDA		MONT	GOMERY	
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TON			10d. INSIDE CITY	
		ONTGOMERY		SILVE	R SPRIN	IG		LIMITS?	
FUNERAL	11844 HUGGINS	DRIVE		101	ZIP CODE 209	002	10g. CITIZEN	USA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	endent of Hispai ecity Cuben, Mexice 2 NO Specifi	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	s or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: WHITE	
8	15. DECEDENT'S EDUCAT (Specify only highest grade con	TION	16a. DECEDENT'S	USUAL OCCUPATION	ON _	16b. KINO OF BU	ISINESS/INDUST		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done during mo e retired.)	st or working				
COMPL	12		HOMEMAK	ER					
	17. FATHER'S NAME (First, Middle, Last) JOHN	ARNOLD			Surneme)	ACINCED			
H	19a. INFORMANT'S NAME (Type/Print)	AKNULD	10h MAII INC	ADDRESS (Street o		TINE		ASINGER	
TED HODGES 196. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 11844 HUGGINS DRIVE, SILVER SPRING, MD 20902									
	20a. METHOD OF DISPOSITION		PLACE AND DATE	AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, \$					
1 Burlet 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) METROPOLITAN CREMATORY 7/29 ALEXANDRIA, VA						A, VA			
li	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			O ADDRESS OF FA	LLINS FUN	סע זאקק	ME INC	
	James CF	solado						SPRING, MD	
	23. PART I. Enter the diseases, or com shock, or heart failure. Lis	nplications that cause	d the death. Do r	ot enter the mo	de of dying, suc	h as cardiac or resp	iratory arrest	, Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respi	rator	y Fa	ilure	<u>.</u>		Interval Between Onset and Death	
_		Carcin	A CONSEDUENCE OF	Rich	y Ln	ry di	1		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF	2:	6.	0			
S	CAUSE (Disease or injury	7 1001	behov		new	rey of	Hu	40	
E	that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEDUENCE OF	F): V		(
병	d								
CAL	PART II. Other algnificant conditions c					Part I. 24e. WAS AI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음	Cerelono	vors cule	v 146	ende	nte X	2 1 TES		COMPLETION OF CAUSE OF DEATH?	
핗	in the par	24						1 YES 2 NO	
Ä									
PHYSICIAN:		OSPITAL:		OTHER:	ACE OF DEATH (Ch				
₹	1 VES 2 NO 17	Inpatient 2 ER/Out	patient 3 DOA 28b. TIM			6 ☐ Other (Specify) 28d. DESCRIBE HOW	IN HURY OCCUR	50	
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJ	URY WO	RK?	A A	INJUNT OCCUM	EU	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — At home, term, s		411.75	281. LOCATION (Street	and Number or I	Rural Route Number,	
ш	4 Homicide determined	building, etc. (Spe	uny)			City or Town, State)		
2	29a. CERTIFIER CHOCK only	N: To the best of my know	rledge, death occurre	ed at the time, data	and place, and due	to the cause(s) and me	nner as stated.		
COMPLET								nuse(s) and menner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER	12/1	. 01	0	29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)	
TO B	Kamatilul	1564	mari	MA	DSOF	115	1 7	29 93	
	Variation II D.	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	0 (ille, Md.	2000		
	NAME OF THE PROPERTY	DIAM ON WILL	(aDOL 1	11/2	KOCK.	IIIE IVIA	4 1 7 2 ~		
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGN		ox La.,	Kockv	me, mo,	2082 0		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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BALTIMORE, MARYLAND 21215-0020	NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	RR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 rer death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 23344 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND		IENE 9	3 233	44	
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH	3. TIME OF DE	ATH	
- 53	Carlene D. Harte	enstein				July 2	9, 1993	9:002	м Д	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	н. Т	BIRTHPLACE (State or		
	042-20-9082	1 □ M 2 🔯 F 8	38 YRS.	DAYS DAYS	HOURS MIN.	Dec. 11		Country) Massachus	etts	
-	9a. FACILITY NAME (If not institution, give stre	set and number)	9	b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUNT	Y OF DEATH	4.5	
DIRECTOR	Carriage Hill Nur	sing Home		Bethes	da		Mon	tgomerv		
ដ្ឋា	10a. STATE 10b. COUNTY		10c. CITY.	OWN OR LOCAT	TON			10d. INSIDE CI		
E E	Maryland Montg	omerv		nesda				LIMITS?		
	10e. STREET AND NUMBER				ZIP COOE		10g, CITIZE	EN OF WHAT COUNTRY		
ER/	6302 Friendship C	ourt			20817			ed States		
FUNERAL		12. WAS OECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Speci	fy Yes or No 1	4. RACE — American In	dlen,	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			ecify Cuben, Mexica 2. NO Speci	an, Puerto Rican, et fy:	0)	Black, White, etc. Specify:		
								White		
E	15. DECEDENT'S EDUCA (Specify only highest grade of	completed)	(Give kind of word life. Do NOT use n	UAL OCCUPATION done during mo	ON st of working	16b. KIND O	F BUSINESS/INDU	STRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak			05.77	Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		nomema	CI	18 MOTHED'S N	AME (First, Middle, M				
	William Joseph Da	rnlev				a Parado				
BE (19a. INFORMANT'S NAME (Type/Print)		196. MAILING AL	DRESS (Street a		al Route Number, City or Town, State, Zin Code)				
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 7 / 2 O / O P. DATE 28c. LOCATION — City or Town State						t, Bethe	, , , , , , , , , , , , , , , , , , , ,			
						_				
- 1	4 Departure 5 Other (Specify)	MO	ntgomery	Cremat	orium, I	nc. P	ethesda	. Marvland		
	21. MONATURE OF FUNERAL SERVICE LICE	N SEE	· · · · · · · · · · · · · · · · · · ·	22. NAME A	ID ADDRESS OF FA	CILITY Rober	t A. Pur	mphrey Fun	eral	
	1 Mariel E	Dans.	M00803	I HOME/	Ketnesda	-Chevv C	hage Ti	nc. 7557 Maryland 2		
	23. PART i. Enter the diseases, or co	emplications that caused	the death. Do not	enter tha mo	de of dying, auc	th as cerdiac or	reepiratory arres	it, Approxi		
	ahock, Dr haart faliura. Li IMMEDIATE CAUSE (Final	iat Dnly Dne cause Dn aa	ch ilna.					Interval	Between nd Death	
	disease or condition resulting in death)	Acute Cer	ebral Inf	arctio	n			Minu		
	a.	•	CONSEQUENCE OF):		-			111110		
Z	Segmentially list and dalons b.	Cerebrova		herosc	lerosis			10 Y	ears	
E I	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):							
길	CAUSE (Disease or Injury	Hypertens	ive Vascu	ılar Di	sease			30 Y	ears	
CERTIFICATION	that initiated eventa resulting in daeth) LAST	DOE TO (OR AS A C	CONSEQUENCE OF):							
E	d.							1		
¥	PART ii. Other algnificant conditions		t not recuiting in	tha underlying	ceuae given in	Part I. 24a. W	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY AVAILABLE PRIO		
음	Alzheimer's Dise			ertens			ES 2 NO	COMPLETION DE OF DEATH?		
M	Pseudo-Parkinson	's Disease (Lewis-Boo	ly Dise	ase)			1 YES 2	NO	
ž.	Osteoarthritis									
PHYSICIAN: MEDIC		HOSPITAL:		26. PL THER:	ACE OF DEATH (C)	neck only one)				
ΥS		1 Inpatient 2 ER/Outpa	tient 3 DOA 4	X Nursing Hom		6 ☐ Other (Specify				
	27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	y wo	RK?	28d. DEŞCRIBE H	OW INJURY OCCU	RED		
BY	2 Accident Investigation	28s. PLACE OF INJURY	A15		ES 2 NO					
ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specif	y)	et, ractory, offic	1	City or Town,	treet and Number or State)	Rural Route Number,		
9	29a. CERTIFIER				-					
COMPLETED	(Check only 1 K CERTIFYING PHYSICE	tAN: To the best of my knowle								
	29b. SIGNATURE AND TITLE OF CENTIFIER	No seaso or examination		ti my opinion, d						
BE	The signature apprints of centificent	Jan			29c. LICENSE NU		29d. DATE S	SIGNED (Month, Day, Yea	7)	
2	TO NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) /Kma D-	int)	D04686		Jul	y 29, 199	3	
	Robert F. Dyer, M				#540 C	howy Cha	CO Mar	·land ooo	1 .	
	31. DATE FILED (Month, Day, Year)	132. ABBISTRAN'S STORM	TUBE 00	······	1340, C	nevy Clia	se, mary	/ Lana 208	12	
	JUL 3 0 1993 8	who very doon- Ma	Toward							

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF	TMENT OF I		MENTAL HYGIEN REG. NO.	E 9	3 23345
- 5	DECEDENT'S NAME (First, Middle, Last)		M. HALL			2. DATE OF DEATH DATE OF THE D	1993	3. TIME OF DEATH 4:30 p. M
8	4. SOCIAL SECURITY NUMBER 111-22-4929	1 □ M 2 \[\]{F	AGE (In yrs. lest birthdey) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 1	SIRTHPLACE (State or Foreign Country) Maryland	
TOR	98. FACILITY NAME (If not institution, give str 18812 Chandlee RESIDENCE OF DECEDENT		ad		y Sprin		MON'	of death IGOMERY
- DIRECTOR	Maryland Mont	tgomery	200	r, town on Loca andy S	pring			10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\) NO
FUNERAL	18812 Chandlee				20860		υ.	S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married \$\times \time	12. WAS DECEDENT E FORCES? 1	YES 2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexical 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12) 5th	Cation completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us	usual occupation work done during more retired.)	st of working	16b. KIND OF BUS	SINESS/INDUST	RY
BE CO	17. FATHER'S NAME (First, Middle, Last) Caleb Pumphrey				Sa	ME (First, Middle, Meiden rah Bosto	on	
2	Daisy Matthews	(Daught				Route Number, City or Town		20860 Spring, MD
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remo 4 Donattop5 Other (Specify)		20h PLACE AND DATE	E DISPOSITION /N	ama al	DATE 200 LO	CATION CON	
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	Down	dlu	SNOW	ND ADDRESS OF FAC	ERAL HOM	E, P.	
	23. PART I. Enter the diseases, or conshock, or heart fellure. L	list only one cause	on each line.	ot enter the mo	de of dying, such	ea cardiac or respi	ratory arrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Pu	lmonary E	mboli	mbol.	, .	· .	Onset and Death I mon't h
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE OF	7):				
PHYSICIAN: MEDICAL	PART II. Opher aignificent conditions Ang ing Coronau A		on the but not resulting in the but not result	n the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	ACE OF DEATH (Che			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF IN. (Month, Day,	Year) INJ	M 1 🗆	PRK? YES 2 NO	28d. DESCRIBE HOW IP	JURY OCCURE	ED
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF II building, ato	NJURY — At home, farm, s c. (Specify)	treet, factory, offic		261. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
COMPLET			y knowledge, death occurre nination and/or investigation					use(s) and manner as stated.
TO BE C	296. SIGNATURE AND LIFEE OF CHATTERER 30. NAME AND ADDRESS OF PERSON WHO	S COMPLETED SHIPE	und		29c. LICENSE NUM		29d. DATE SIG	26/53

22. REGISTRAN'S SIGNATURE
No. Davidson-Rondale

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JUL 2 7 1993

md 20832

B. BIRTNPLACE (State or Foreign

New York

Montgomery

10g, CITIZEN OF WHAT COUNTRY?

United States

14. RACE — American Indian, Black, White, atc.

YEAR

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1 YES 2 NO

White

20877

Approximate Interval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 TES 2 NO

OF DEATN?

29d. OATE SIGNED (Month, Day, Year)

7/11/93

FOCKNIKE MD, 20852

29c. LICENSE NUMBER

D36552

Onset end Death

10:50

PM

REG. NO.

FOR STATE REGISTRAR

29b. SIGNATURE AND TITLE OF CERTIFIER

. TALWAR

31. DATE FILED (Month, Day.

P. Talwan

1 5 1993

MP

32 REGISTRAR'S SIGNATURE Julie Deviden Bandell

ROCKVILLE PK. #208.

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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2. DATE OF DEATH DAY DECEDENT'S NAME (First, Middle, Last) D. Hoffman . July 10, 1993 Frances 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTN IF UNDER 24 HRS 1 - M 2 F YRS 227-32-0308 Dec. 9, 1920 use as the burial-transit permit. Pages 1, 2, 3 should 9e FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Shady Grove Adventist Hospital Rockville RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION Maryland Montgomery Gaithersburg FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 501 South Frederick Avenue 20877 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: 87 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Homemaker Own Home 17. FATHER'S NAME (First Middle Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) page 5 should be ĕ Not Available Not Available 8 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Joseph D. Hoffman 501 South Frederick Ave., Gaithersburg, MD 24 hours after death. Page 6 may be 90 20a. METNOD OF DISPOSITION
1 M Burlal 2 Cremation 3 A Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — Cify or Town, State director, I must 4 Donation 5 Other (Specify) Parklawn Memorial Park 7/14/93 Rockville, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBERT ADDRESS OF THE PHY PROPERTY ROCKVILLE, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 M00831 Barbaral aurence led in by the fi the medical 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, auch ea cerdiec or reepiratory arrest, ehock, or heart feliure. Liet only one ceuse on each line. filled in by t IMMEDIATE CAUSE (Finel nd completely filled burial, cremation, disease or condition resulting in death) SEPSIS within event, DUE TO (OR AS A CONSEQUENCE OF) executed traumatic CERTIFICATION attending physician and intal Hygiene prior to buri Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atten Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Health and that OBSTRUCTIVE PULMONARY any 1 YES 2 NO requires shows certificate has been h the State Dept. of PHYSICIAN: ME 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? The 28. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 NO ne 5 Residence 8 Other (Specify) 0 27. MANNER OF OEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, With TO THE HOSPITAL OR ATTENDING PHY TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death v this 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Momicide COMPLET 29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and pieca, and due to the cause(a) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

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IL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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icate be executed within 24 nouts after death. Page b may be retained by the hospital or attending physician.	utificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 2. 3 should	le prior to burial, cremation, or removal.	tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ined by the ho	nould be detac		fied at once
may be reta	or, page 5 st		ust be noti
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nours arter o	ed in by the	or removal.	medical ex
47 UILLIA D	impletely fille	l, cremation,	event, the
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eam cerninca	attending phy	state Dept. of Health and Mental Hygiene pri	y, or other
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ne iaw redui	e has been s	te Dept. of H	m 23 show
H TSICIAN:	is ce	with the Stat	ked, or ite
AL LENDING P	CTOR: After th	rthin 72 hours after death with the Sta	28 is mar
DENIAL OR ALIE	MERAL DIRE	Thin 72 hours	ORTANT: If Item 28
IN ITEMA	OTHER F	he filed with	MPORTA

93 23347 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Marjorie Baker Hubert July 22, 1993 3:00 P. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 🗌 M 2 🔯 F 213-48-0904 YRS. 77 Oct. 6, 1915 Iowa 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 3605 Chevy Chase Lake Drive, Chevy Chase Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Chevy Chase 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3605 Chevy Chase Lake Drive #3 20815 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, efc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 1 Never Married 2 Married 1 TES 2 NO Specify. BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) Merle Fitch Baker BE Marie LaTaste 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 George Lawrence Hubert 4857 Battery Lane #203, Bethesda, Maryland 20814 20b. PLACE AND DATE OF DISPOSITION (Name of 7/23/93 OATE 20c. LOCATION - City or Town, State Montgomery Crematorium, Inc. Bethesda, Maryland 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc.
7557 Wisconsin Ave., Bethesda, MD 20814-3501 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Will 2000 M00672 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition Metastatic Breast Cancer l vear resulting in death) OUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 - YES 2 1 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 29e. CERTIFIER (Check only Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Frederick G. Barr, M.D. 5454 Wisconsin Avenue, #1345 Chevy Chase, MD 20815-6902 JUL 2 6 1993

29c. LICENSE NUMBER

D22775

Julia Daydson-Pandete

296. SIGNATURE AND TITLE OF CERTIFIEF

Her h

29d. DATE SIGNED (Month, Day, Year)

July 23, 1993

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	1. DECEDENT'S NAME (First, Middle, Las	st)			F DEATH	2. DATE OF DEATH	DAY YE	3. TIME OF DEATH	
4 17	DOROTHY 4. SOCIAL SECURITY NUMBER 213-74-6909		HELL (In yrs. last birthday) 91 YRS.	IF UNDER 1 YEAR MONTHS DAYS		JULY 22, 7. DATE OF BIRTH (Month, Day, Year)	8.	9:50 P BIRTHPLACE (State or Fore Country)	
ron	96. FACILITY NAME (If not institution, given 215 BREWSTE)		J1 110.		N OR LOCATION OF I	NOVEMBER	9c. COUNTY		
DIRECTOR		NTY ONTGOMERY		TY, TOWN OR LOC				10d. INSIDE CITY LIMITS? 1 X YES 2 1	
FUNERAL	100. STREET AND NUMBER 215 BREWSTE	R			20901	100		ED STATES	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN 15. WAS DECENDENT OF HISPAN 17. WAS DECENDENT OF HISPAN 18. WAS DECENDENT OF HISPAN 19. WAS DECENDEN			can, Puerto Ricen, etc.)	Yee or No— 14.	RACE — American India Black, White, etc. Specify: WHITE	
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12		(Give kind of life. Do NOT u	e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) CO—OWNER			16b. KIND OF BUSINESS/INDUSTRY BOTTLING WORKS		
E COMPL	17. FATHER'S NAME (First, Middle, Lest) WOLF GELLER			16. MOTHER'S NAME (First, Middle, Maiden Surneme) TOBY (UNKNOWN)					
TO BE	19a. INFORMANT'S NAME (Type/Print) JEAN ROSENBLO	DOM				A Route Number, City or 1		MARYLAND 20	
	20a METHOD OF DISPOSITION 1A Burlat 2 Cremetion 3 R 4 Donation 5 Donation (Specify)	J	Ob. PLACE AND DATE Smeleny, cremetory or UDEAN ME	MORIAL (7/25/ 0	LNEY, M		
	Mask	the state of the s		DAN	ZANSKY-GO	OLDBERG ME		CHAPELS, I E,MD. 2085	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. SPOK DUE TO (OR AS		OF):	rang A	very?	18as	Interval B Onset and	
MEDICAL	PART II. Other significant conditions STROKE BASTROK	TESTINAC		In the underly		PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 P	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (
РНУ	1 YES 2 NO 27. MANNER OF BEATH 1 Natural 5 Pending 2 Accident trivestigation	1 Inpetient 2 ER/Os 26e. DATE OF INJURY (Month, Day, Year)	Y 28b. TH	ME OF 28c.	ome 5 NASsidence INJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOV	W INJURY OCCUR	ED	
2	3 Suicide 6 Could not 4 Homicide determined		RY — At home, farm, pecify)	street, factory, of	ffice	281. LOCATION (Stre City or Town, Ste	et end Number or i ete)	Rural Route Number,	
ЕТЕР ВУ					ate and about that a	up to the enumeral and a	C-10000		
ETED	one)	YSICIAN: To the best of my kno INER: On the best of examinat						euse(s) end manner ee st	
8	(Check only	INER: On the beele of examinat				ne time, date end place,	end due to the co	Suse(a) end manner ee st	

FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		TIEGISTIAN		CE	HIFICA	IE OF	DEATH	REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last) KEVIN WILLIAM MC	AkA. Kevii	n Jaco	ob Halp	ern			, 199	3. TIME OF DEATH 10:20 PM
-		4. SOCIAL SECURITY NUMBER None	5. SEX 6. AGE	(In yrs. lest t		MONTHS DAVE MONTES AND (Month, Day, Year)			0.	BIRTHPLACE (State or Foreign Country) Maryland
3 should		9a. FACILITY NAME (If not institution, give st		9b. C	ITY, TOWN C	OR LOCATION OF DE			OF DEATH	
2,	DIRECTOR	NIH, THE CLINICA	L CENTER			ETHES			-	I GOMERY
es 1	2	10a. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCAT	TION			10d. INSIDE CITY
020 physician. burial-transit permit. Pages 1,			GOMERY		CHEVY	CHAS	E			LIMITS? 1 🔀 YES 2 🗌 NO
nsit pen	FUNERAL	100. STREET AND NUMBER 5107 WESTPORT ROA	ΑD			101	20815		10g. CITIZEI	N OF WHAT COUNTRY?
o ician. al-trar	3	11. MARITAL STATUS	12. WAS DECEDENT EVER			3. WAS DEC		IIC ORIGIN? (Specify Ye		, RACE American Indian,
AND 21215-0020 the hospital or attending physician, detached for use as the burial-tran once.	ВУ	1 Never Married 2 Married 3 Never Married 4 Divorced	FORCES? 1 TYES		2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)					Black, White, etc. Specify: WHITE
21215 al or aften for use as	ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		EDENT'S USUAL			16b. KIND OF BU	SINESS/INDUS	
YLAND 21215-0 by the hospital or attending be detached for use as the at once.	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	fife. D	None	d.)	ist or worning	,	I/A	
ANI he hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)			MOHE	-	18 MOTHER'S NAI	ME (First, Middle, Meiden		
क विद	ш	KEVIN W. MCCULLO	UGH SR.				1	R. REYNOLI	,	
MAR\ retained to 5 should	9 8	19a. INFORMANT'S NAME (Type/Print)			MAILINO ADDR	ESS (Street a		loute Number, City or Tox		ode)
	5	DANIEL B. HALPERI	N							RYLAND 20815
OR 6 ma stor, p		20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from Stata	b. PLACE AN	DDATE OF DISE	osition (Na	ardens	1 -		y or Town, Stata
TIN Pagaral dir		21. SIGNATURE OF FUNERAL SERVICE LIC		,			D ADDRESS OF FAC			cs Co. Inc.
4 9 E X		Nhomas S.	Chrinter			5801	Clevelen			e, Md. 20737
		23. PART I. Enter the diseases, or c	omplications that cause	d the deet	h. Do not en	er the mo	de of dying, such	as cerdiec or resp	Iratory arrest	Approximete
y fille		shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	.lst only one ceuse on a	eech line.			lure			Interval Between Onset and Death
2 8 8 T 8		, , , , , , , , , , , , , , , , , , , ,	DUE TO OH AS	A CONSEQU	ENCE OF):					2.00
8 2 5 E	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEOU	ENCE OF):	0 6	4 141			700
BO) ficate be physician ne prior	CA	CAUSE (Disease or injury	· CAR	110	44	0 p	ATIM	4		Month
Sing Sing	Ë	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEOU	ENCE OF):/	/	/	7		
DS, P. ne death of the attend Mental Hy njury, or	S		l							
RD at the and the injury	EDICAL	PART II. Other significent conditions	s contributing to death	but not res	sulting in the	underiying	g ceuse given in i	Part I. 24a, WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
Sign es	MEC							_ X,123	L NO	OF DEATH?
OC 2 8 0 2	ž							_		
VITAL AN: The law tificate has e State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEATH (Che	ck only one)		
F VIT, SICIAN: Th certificate the State i, or item	YSI	1 TES 2 NO	1 XInpatient 2 - ER/Out	tpetient 3			e 5 🗆 Residence	8 Other (Specify)		
NG PHYSIC fer this ce sath with th	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		26b. TIME OF INJURY M		URY AT RK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
DIVISION OR ATTENDING F DIRECTOR: After thours after death Item 28 is man	品	3 Suicide 6 Could not be determined	28e, PLACE OF INJUR building, etc. (Spe	Y — At home ecify)	, farm, street, f	actory, office		28f. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,
절 보기 가 는	COMPLET		CIAN: To the best of my known: R: On the bests of examination							ause(a) and mannar oa stated.
TO THE HOSPIT TO THE FUNER De filed within Z IMPORTANT: I	TO BE C	THURSE OF CENTRES	thrma	2	MIL)	29c. LICENSE NUM	BER	29d. DATE SI	GNEO (Month, gay, Year)
		30. NAME AND ADDRESS OF PERSON WHO	CMAS			/X/T				
-	-	31. DATE FILED (Month, Day, Year)	82. REGISTRAR'S SIGN	NATURE		(ATPT)	E PIKE, 1	BETHESDA,	MARYLA	ND 20892
	- 1	1111 2 6 1002	Fillia Davidana	Randa 22						

N.

ATSION OF VITAL RECORDS, P.O. BOX 68760, ATTENDING PROPESSION: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Circle. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I			RTMENT OF			MENTAL	HYGIEN REG. NO.		3 6	23350
	1. DECEDENT'S NAME (First, Middle, Last)	CATHER	INE E.		JNG			2. DATE O		× <	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-38-8910	5. SEX	6. AGE (In yrs	s. last birthday) YRS.	IF UNDER 1 YES		24 HRS.	7. DATE OF	F BIRTH Day, Ybar)	BIRTHPLACE (State or Foreign Country) A CHARLES OF THE COUNTRY OF THE COUNT		
	9a. FACILITY NAME (If not institution, give s			ROSA	9b. CITY, TOV	N OR LOCATI	ON OF DE		2/ 1		WASH I	NGTON, D.C.
DIRECTOR	3800 LOUTSAM								beorger			
	10a. STATE 10b. COUNT PRA	ce Geor	400	10c. CITY, TOWH OR LOCATION UPPER MAR				LBORO				0d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 2203 BROWN STATIO	N ROAD	,	101. ZIP CODE 20772					10g. CITIZEN OF WHAT			
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	ARMED	13. WAS	DECENDENT O	OF HISPAN	NIC ORIGIN?	(Specify Yea			- American Indien,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2		If yes	specify Cuba YES 2 NO	n, Maxica	in, Puerto Ric	cen, etc.)		Black,	White, etc.	
딢	15. DECEDENT'S EDU (Specify only highest grade		18e	(Give kind of	USUAL OCCUP	ATION most of working	10	16b. K	UND OF BUS	INESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5-		We. Do NOT u	se retired.)			U.S	. TAR	RIFF (COMMI	SSION
BE CO	17. FATHER'S NAME (First, Middle, Last) CLEMENT SCHLE	EGEL						ME (First, Mic		Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre	et and Number	or Rural I	Route Number	; City or Town	, State, Zip	Code)	
۲	ELIZABETH JOANN F	ROBERTSON		2203	BROWN	STATIO	N RC	DAD UP	PER M	IARLB(ORO,M	D 20772
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ovsi from State			OF DISPOSITION	7/27		CATION — C		, Stata RYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAMI	ANO ADDRE	SS OF FA	CILITY				
FRANCIS . 500 UNIV								BLVD).,W.	SIL.	SPR.,	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdied of shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Angula Science to Cause C										est,	Approximate intervel Between Onset and Death	
NOI	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTI	resulting in death) LAST	d										
PHYSICIAN: MEDICAL	Senile Dewern	s contributing to	death but n	ot resulting	In the underl	ring cause ç	given in		PERFOR	MED?	C	BRE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINED: 1												
4×S	1 VES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 28e. DATE OF		3 □ DOA 28b. TIM	4 Nursing I		sidence					
BY P	10 Natural 5 Pending	(Month, D		IN.	IURY	INJURY AT WORK? YES 2] NO	28d. DESC	RIBE HOW IN	JURY OCC	UREO	
	2 Accident investigation 3 Suicide 8 Could not be determined	t homa, farm,	homa, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				te Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) end manner as stated.											
8												
TO BE	Pinlaslure AND TITLE OF CERTIFIER	hel				29c, LICE	DISE NUM	BER 2		29d. DATE	SIGNEO (N	lonth, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WH PAUL A. DEVAR	E MID	SE OF DEATH (TEM 27) (Type	Print)	y Not	M	1441	4311.	the .	MA	20781
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Morith, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAN A DEV ARE MD 4203 Quecus bury M My attsur' // MD 2078/ 31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 27 1993 July Day Completed 29d. DATE SIGNEO (Morith, Day, Year) 29d. DATE SIGNEO (Morith, Day, Year) 29d. DATE SIGNEO (Morith, Day, Year) 29d. DATE SIGNEO (Morith, Day, Year)										11		

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR		CERTI	FICATE O	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	VIRGINIA H.				2. DATE OF	DEATH		3. TIME OF DEATH		
	Virginia		350			МОНТН	31	1993	11-2/0 4		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)			7. DATE OF I	BIRTH	1 0 01	RTHPLACE (State or Foreign		
	477-10-7030		38 yrs.	MONTHS DAYS	HOURS MIN.	DEC.	4,1 904	MĨ	NNESOTA		
_	Se. FACILITY NAME (If not institution, give stre			96. CITY, TOWN	OR LOCATION OF			c. COUNTY O	F DEATH		
DIRECTOR	WILLIAM HILL HEAL	TH CARE CEN	ITER	CAMB	RIDGE			DORCH	ESTER		
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, Cl	ITY, TOWN OR LOC	ATION				Tand Bigling Outly		
8	MARYLAND DORCH	ESTER		ST NEW 1					10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER				IOI. ZIP CODE		T 10	O CITIZEN C	1 YES 2 NO		
FUNERAL	3642 WARWICK ROAD				216			WILL COOKINY			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 XNO	If yes, t	ECENDENT OF HISP specify Cuben, Mexi ES 2 XNO Spec	ican, Puerto Ricar	pecify Yee or fi n, etc.)	8	ACE — American Indian, liack, White, etc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT	S USUAL OCCUPAT	TON nost of working	16b. KIN	ND OF BUSINES	SS/INDUSTR	Υ		
Ë	Elementary/Secondery (0-12)	Coffege (1-4 or 5+)	Me. Do NOT	use retired.)		1177	TT Town	coven			
₹ I			EVECUIT	VE SECRI			ILITY		NY		
	17. FATHER'S NAME (First, Middle, Lest) MARTIN JOHN HOLLE	NTCH				NAME (First, Middl A MAUDE					
B	190. INFORMANT'S NAME (Type/Print)	37011						•			
٥	MARY JANE LOUBEY				K ROAD,						
1	20e. METHOD OF DISPOSITION 1 Burlat 2 XCremation 3 Remov		06. PLACE AND DATE			DATE	20c. LOCATI	ION City or	Town, State		
	4 Donation 5 Other (Specify)	Š	ALISBURY	CREMAT(DRY	8/2	8/2 SALISBURY, MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE	111	22. NAME /	ER FUNERA	FACILITY AT LIOME	106	MATN	CEDEEM		
	TRancual 1	1	Vac						, MD 21631		
	23 PART I. Enter the diseases, or co	implications that cause	ed the death. Do	not enter the m	ode of dying, st	uch an cardiac	Dr reapirato	ory arrest	Approximate		
	shock, or heart fellure (I) IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Mul	eech line.		Der				Interval Between Onset and Death		
_		OUE TO JOR AS	A CONSEQUENCE	() d	phil	41	1615	47	->		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	n 7	-	1 200		ran			
CAT	cause. Enter UNDERLYING	Ch	aln	ull	des						
Ĭ.	CAUSE (Diseese or Injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE C	F):					1		
EB	resulting in death) LAST										
	PART II. Other algnificant conditions	contributing to death	but not resulting	In the underlyl		- n-at las		1.			
MEDICAL		outilisating to apart.	DOL HOL TORDILING	In the underlying	ig cause given a		PERFORMED YES 2 1	07	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
7									1 YES 2 NO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH (C	Check only one)					
Sic		HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA	OTHER:	me 5 🗆 Residence		angh i				
英	27. MANNER OF DEATH	29s. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF 28c. IN	JURY AT	T	BE HOW INJUR	TY OCCURED			
BY	1 Tetural 5 Pending 2 Accident Investigation	flooring way, row,			YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	IY — At home, farm, ecify)	street, fectory, offi	ce	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
E.											
COMPLETED	2 MEDICAL EXAMINER:	IAN: To the best of my know							e(e) end manner es stated.		
BE	796. SIGNATURE AND TITLE OF CERTIFIER	Arab.	~ sta	(41)	29c, LIDENSE NO	UMBER	294	L DATE SIGN	ED (Moren, Day, 1961)		
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH THA 27) (Type	Drives.	00	1108		a	12193		
	Judy C. WA	Shingen	1941)	40 8	3 By	rns	me	tch	n bridge 10		
	AUG/U 2 93	Juna Durds	nature fandage	22	0				0		

ся nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE MOSPITAL OF JUTHOWN PRODUCES. THE law requires that the death certificate be executed within \$2' from a fire death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death, the second of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 22 is marked, or tem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

mas been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be to Health and Mental Hygiene prior to burial, cremation, or removal.

MAL RECORDS, P.O. BOX 68760, DIVISION OF V

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

She Carried and

	1
BOX 68760,	
BOX	
P.O.	
RDS,	
RECO	
TAL	
OF V	
DIVISION OF VITAL RECORDS, P.O. B	The second of th

BALTIMORE, MARYLAND 21215-0020

TO THE CEPTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

JUL 3 0 1993

	FOR 1 - STATE REGISTRAR	STATE OF R	MARYLAND /				IEALTH DEAT			HYGIEN BEG. NO		93	23352
	1. DECEDENT'S NAME (First, Middle, LA CHARLES	JOS/A>		rles			DEA		2. DATE OF MONTH	DEATH	18	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lesi		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		0. BIRTHI	PLACE (State or Foreign
	083-07-9128 9a. FACILITY NAME (If not institution, gi	1 🕅 M 2 🗆 F	9	1 YRS.	MONTHS	DAYS	HOURS			^{ny.} 1 ^{76,nr)} ,	1902	Pe	nsylvania
TOR	Hebrew Home of	Greater Wa	shington	1		r, town o	11e	ON OF DE	eath 9c. county of Montgor				
FUNERAL DIRECTOR		tgomery			v, town ckvi		TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	6105 Montrose Ro					101	. ZIP CODE	2085	52		10g. CIT		HAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. ARI YES 2 NAR OR DATES		- 1	If yes, sp	ENDENT O	n, Mexica	ilC ORIGIN? (S n, Puerto Rice	specify Yes	or No—	No- 14. RACE - American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S is (Specify only highest grant (Specify onl	(Gh	CEDENT'S We kind of the Do NOT us	work done se retired.)	during mo	st of workin	g			SINESS/IND	orts		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Bernard Josias							Rose	ME (First, Midd		Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) Marjorie B. Jos	sias							Route Number,	City or Tow	n, State, Zip		
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify) □	emoval from State	20b. PLACE A	natory or o	ther place)			07	DATE //28/91			City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE	Frant		1.1.110	22.	NAME AN	ID ADDRES	S OF FA	Hi	nes/E	Rinal	di Fu	ineral Home Spring, MD
	23. PARV I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Onset end Death Onset end Death Due to (or as a consequence of):												
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discose or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE	Severe alakimus Nementin								. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	31			eck only one) 6 Other (Sp	ecily)			
ВУ РН	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c INJURY						JRY AT RK? ES 2	NO	28d. DEŞCRI	BE HOW II	NJURY OC	CURED	
	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify)							28f. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural Ro	ute Number,	
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAM	YSICIAN: To the best of INER: On the basis of ax	my knowledge, daa amination and/or in	th occurre	nd at the t	ime, deta	and placa, eath occure	and dua	to the cause(s) and men	ner as stat	led. ne causo(a)	and manner as stated.
H	296 SIGNATURE AND TITLE OF CERTIF	TER					29c. LICE	NSE NUM	BER				Month, Day, Year)
Cluy S. Madayous, MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF DEATH (ITEM 27) (Typo, Print) 6121 MONTROSE RD; ROCKVILLE, MD 20852 31. DATE FILED (Month, Day Year) 4.32 MEGISTRAP'S CHINATION PM													

ROCKVILLE, MO 20852

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597

BALTIMORE, MARTLAND 21213-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOA 68/60, BALLIMOKE, MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Deot; of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTIF	RTMENT	OF HEA	LTH AND EATH	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Preston Hartman	Knodle					2, DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER							y 14,	1993		M	
	215-18-1698		(In yrs. last birthday)			IF UNDER 24 HRS. 7. DATE OF BIRT (Month, Day, Y				8. BIRTHI Country	PLACE (State or Foreign	
								May 9, 1921 M			Maryland	
l ~	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH Washington County Hospital Hagerstown Washington										АТН	
DIRECTOR	RESIDENCE OF DECEDENT	y Hospital		Ha	agers	town			Was	hing	ton	
Ä	10a. STATE 10b. COUNTY	TY, TOWN OR	LOCATION						10d, INSIDE CITY			
	Maryland Wash:	ington	Н	Hagerstown							LIMITS?	
¥	10s. STREET AND NUMBER			-	10f. ZIP CODE 10g. CITIZ					ZEN OF W	HAT COUNTRY?	
FUNERAL	130 Ray Street				21740							
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 X YES		13. WA	S DECEND	ENT OF HISPAI	NIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.	
B	3 Widowed 4 Divorced	ATES			NO Specif		riicari, arc.j		Specifi	,.		
	15. DECEDENT'S EQU	W.W.I	16a. DECEDENT'S	1	110471011						white	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of	work done dur	ring most of	working	168	. KINO OF BU	SINESS/IND	USTRY		
PLI	6	College (1-4 or 5+)	sand					furni	ture			
O	17. FATHER'S NAME (First, Middle, Last)				18.	MOTHER'S NA	ME (First					
	Harvey Knodle					Ada G			,			
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	Street and N	lumber or Rural	Floute Num	ber, City or Tow	n, Stete. Zip	Code)		
2	Dorothy M. Knodle	2				agerst				,		
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remains	201	. PLACE AND DATE	OF DISPOSITI			DAT		CATION - C	ity or Tow	rn, Stele	
	4 Donation 5 Other (Specify) Cedar Lawn Memorial Park 7-19 Hagerstown, Maryland											
	21. SIGNATURE OF PURERAL SERVICE LIC	ENSEE		22. NA	ME AND A	FUNER	CILITY	2712			7	
	2 cett	MY.									Md. 21740	
	23. PART i. Enter the diseases, pr	omplications that cause	d the deeth. Do	not anter th	ne mode r	of dving, suc	h es can	liac or mani	gerst	own,	Approximate	
	shock, or haert failura.	List only one cause on e	ach line.					and or roop	racory arre	out,	interval Between	
	disease or condition										Onset and Dauth	
	resulting in death) a. Superior (for as a consequence of):											
z	Sequentially list conditions b.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
5	Cause. Enter UNDERLYING CAUSE (Disease or injury											
발	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):									
馬	d.											
AL O	PART II. Other significant condition	a contributing to deeth b	ut not resulting	in the unde	erlying ca	use given in	Pert i.	24a. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS	
2								PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC					_			1 1 123 2	□ NO		OF DEATH?	
							_				1 1E3 2	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26, PLACE	OF DEATH (Ch	eck only or	10)				
SIC	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	patient 3 DOA	OTHER:	g Home 5	☐ Residence	6 🗆 Othe	r (Specify)				
E	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TII		Ic. INJURY WORK?			CRIBE HOW I	NJURY OCC	URED		
BY	1 Natural 5 Pending 2 Accident Investigation				1 YES	2 NO						
ED E	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	28e. PLACE OF INJURY — At home, ferm, street, tectory, office- building, etc. (Specify)				26t. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
ETE	4 Homicide determined						Ony	or lown, orally				
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the beet of my know	nowledge, death occurred at the time, date end place, and due t					ise(e) end mer	ner as atate	d.		
COMPL		R: On the basis of examination									end manner es stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1			290	LICENSE NUM	ABER		29d. DATE	SIGNED (Month, Day, Year)	
00		40010	rel -		1)2143	57		> 7	115	197	
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)		, ,			/	1		
	HBD41 WATER	ED, U1)- 12	821-0	AKH	111/	AVR. F	TAG	ERST	pend.	MO	21742	
	31. DATE FILED (Month, Day, Year) . 1111 1 6 1993	32. REGISTRAR'S SIGN	ATURE	L								

(9)

31. DATE FILED (Month, Day, Year)
JUL 1 9 1993

32. REGISTRAR'S SIGNATURE

				9	93 23354					
_	REGISTRAR	CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	20001					
		Elaine Kridl	ler	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	(arole & Krid	ler		7 16	93 430 "					
		1.0	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
	4/21/26									
TOR	Washinston County Itosp RESIDENCE OF DECEDENT	ntal	Hagars for	A 1	washing ton					
DIRECTOR	Md 10b. COUNTY Was home!	10c. CITY,	Hagers tow	n	10d. INSIDE CITY LIMITS? 1 VES 2 \(\text{NO} \) NO					
FUNERAL	100. STREET AND NUMBER 11509 Green herry	Road	101. ZIP CODE 2/7	40 tog. (CITIZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Neyer Married 2 Merried 3 Wildowed 4 Divorced	YES 2 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specify		- 14. RACE — American Indian, Black, White, etc. Specify:					
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	184. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUSINESS/	VINDUSTRY					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	Me. Do NOT use I		office						
JMP	17. FATNER'S NAME (First, Middle, Last)	secre	etary							
	John H. Fisher			ME (First, Middle, Melden Sumame 1 Uhler	a)					
BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING AI	DDRESS (Street and Number or Rural	Route Number, City or Town, State	Zin Code)					
임	Rev. James L. McMahan		and Avenue, Cum							
	20a, METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF I cemetery, crematory or other Rest Have	pisposition (Name of En Cemetery		- City or Town, State stown, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			warry Minnich F						
	> Fred LiVestel	7	415 East Wils	son Blvd., Hag	erstown, MD 21740					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between									
	MANAGRATE GALLER (FILL)									
	disease or condition resulting in daeth) Due to jor as a conscouence of: Sequentially liet conditions, Due to jor as a conscouence of: Due to jor as a conscouence of: Due to jor as a conscouence of:									
	DUE TO FOR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Dye TO (OR AS A CONSEQUENCE OF):									
SAT	cause. Enter UNDERLYING	aci non								
Ē		AS A CONSEQUENCE OF):	41							
E	resulting in death) LAST	migue ATA	J-							
- 1	PART ii. Other significant conditions contributing to dear	th but not resulting in	the underlying cause given in	Part I 24e WAS AN AUTORS	SY 24b. WERE AUTOPSY FINDINGS					
Olyme Olymester Levy Desert PERFORMED? AMILIABLE PRICES										
ED				1 YES 2	DF DEATH?					
2					1 TYES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Normal Death 26. PLACE OF DEATH (Check only one) 7 Normal Nor										
EXAMINER? 1 YES 2 NO										
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DE\$CRIBE HOW INJURY OCCURED INJURY										
	2 Accident investigation Inves									
3 Suicide 4 Nomicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
Ä	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my k	nowledge death occurred a	et the time date and place, and due	to the executed and execute						
(Chock only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, dasth occurred at the time, date and place, and due to the cause(s) and manner.										
Ö	29b. SIGNATURE AND THE OF CERTIFIER		29c_LICENSE NU		DATE SIGNED (Month Dgy, Year)					
00	Henstadios	le	Da	7898	7/17/93					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	int)	6.10 017	1					
	(350 MILL CT.	HAGE	estoun.	$MD \propto 1/9$						

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or Item 23 shows any injury, or other traumatic event,
TO THE HOSPITAL OR ATTENDING PHYSIC	10 E	IMPORTANT: If item 28 is marked,

	FOR 1 - STATE		STATE OF I	MARYLAI						MENTAL HY	GIEN	E	9	23330
	REGISTRAR 1. DECEDENT'S NAME (First,	Middle, Last)	VE	=V<			Keys	F DEA	ГН	2. DATE OF DE	G. NO.	N.	YEAR	3. TIME OF DEATH
į	4. SOCIAL SECURITY NUMBER	VE .	u	-10)					07	2	4	93	1535 m
		EM	5. SEX 6. AGE (In yrs. In				UNDER I YEAR	-	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)			Count	HPLACE (State or Foreign try)
	191-14-3302 9a. FACILITY NAME (If por in	stitution, give a	etmet and number)			-	c. CITY, TOW!	LOCATI	ON OF DE					st Virginia
OR	SHWDY G'E	OVE A	NENTIST HOSPITA			AL F	Rockvi	11e	ON OF DE	EATH 9c. COUNTY OF MORT gome				
ដ្ឋ	RESIDENCE OF DEC	10b. COUNTY	1	_			OWN OR LOC							10d. INSIDE CITY
DIRECTOR	Maryland	Montg	omery				antown							1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	en Hou	se Way					20874	_			10g. CIT		WHAT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	J.S. ARMED)	13. WAS D	ECENDENT C	F HISPAN	IC ORIGIN? (Spe	city Yes		14. RAC	E — American Indian,
BY F	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V	WAR OR DATE	2 UNO ES			specify Cuba	n, Maxican Specify	, Puerto Ricen,	etc.)		Spec	k, White, atc.
	11		IWWII											White
I	(Specify only	EDENT'S EDU	completed)		(Give ki	ENT'S USU and of work NOT use m	UAL OCCUPA done during i dred.)	TION nost of working	ng	16b. KIND	OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5							ner U.S	. De	ept.	of I	Defense
8	17. FATHER'S NAME (First, MI									WE (First, Middle,				
BE	J. Robert Bi		g			_				icher				
2	Whitney Keys									loute Number, City				
	20a. METHOD OF DISPOSITI	ON		20b PI			XODA J		agew	ater,		2103/ CATION —		04-4-
	1 Donation 5 Other	n 3 🗆 Remo	oval from State	cemete	ery cremeto	ary or other	n Crei		7					Virginia
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE)	zopo	1100	22. NAME	AND ADDRE	SS OF FAC	YTLIK	TE	vanui	Ia,	VIIgInia
	De Vol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD 20								ra MD 20877					
	23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition reaulting in daath)	eart Tallure.	complications that List only one cau	t caused the	the death.	. Do not	enter the n	sode of dyl	ng, auch	aa cardiac o	r respi	ratory arr	eat,	Approximata Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL	PART II. Other aignifican	nt condition	a contributing to	death but	not resui	iting in ti	he underlyi	ng cause g	jiven in f		MAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME										_				1 _ YES 2 _ NO
Ä	25. WAS CASE REFERRED TO													
2	EXAMINER?	MEDICAL	HOSPITAL:			01	Z6. THER:	PLACE OF D	EATH (Che	ck only one)				
4×S	1 VES 2 NO		1 Inpatient 2 =			DOA 4 E			sidence 8	Other (Spec				
	1 Natural 5 🗆 8	Pending	(Month, D		20	INJURY	V	JURY AT ORK? YES 2	I NO	28d. DESCRIBE	HOW IN	IJURY OCC	URED	
BY		restigation	28e. PLACE O	28e. PLACE OF INJURY — At home, farm, street, factory,						281. LOCATION	(Street a	nd Number	or Rural F	Soute Number
E		letermined	building,	etc. (Specify))					City or Town	, Statu)			•
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDIC	FYING PHYSIC	CIAN: To the best of	my knowledg	ige, death o	occurred at	t the time, da	e end place,	end due t	to the cause(a) a	nd man	ner sa state	ed.	i) and manner as stated.
ပ္	29b, SIGNATURE AND TITLE		_2				. my opinion,				ace, and			
TO BE	teven	1	relux	174	S			Zye, Lice	NSE NUM	429		29d. DATE	7 - 2	(Month, Day, Year)
F	30. NAME AND ADDRESS OF	PERSON WHO	C SOU	DE OF DEATH	H (ITEM 27)	Type, Prin	4 (99	Alli	۶.	Live	<u></u>	1.	11.	0
	31. DATE FILED (Month, Day,	93	funa David	R'S SIGNAT	Hotell		1. (//	DIGI	и	140 8		7	M	X

		1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEI REG. NO		3 23331		
		1. DECEDENT'S NAME (First, Middle, Lest)		lker Kle	in		2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH		
	- 8	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER I YEAR		7 2	3 92	0245		
pin	100000	220-44-6941	1 - M 2 - 8	2 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov 18, 1910 Washington, D.				
2, 3 should	DIRECTOR	90. FACILITY NAME (If not institution, give s Wanhing to RESIDENCE OF DECEDENT	N ADVENT			OR LOCATION OF D		9c. COUNTY	NT SOMERY		
ges 1,	JEC	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY		
020 physician. burial-transit permit. Pages		Maryland Mont 100. STREET AND NUMBER	gomery	Ro	ckville	. ZIP CODE		100 CITIZEN	LIMITS? 1 ☐ YES 2 ★ NO OF WHAT COUNTRY?		
nsit pe	FUNERAL	16425 Keats Terr	ace			20855			d States		
20 ysician rial-tra	N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	e or No- 14. I	RACE — American Indian, Black, White, etc.		
MARYLAND 21215-0020 • retained by the hospital or attending physician • 5 should be detached for use as the burial-tran notified at once.	B≺	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specif			Specify: White		
or atter	ETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U	SUAL OCCUPATION of the done during mo retired.)	ON ost of working	16b. KIND OF BU	JSINESS/INDUSTI	RY .		
D 21	PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Housewi			Own Ho	me			
YLAND 2 by the hospital be detached to at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)		HOUSENI	.10	18. MOTHER'S NA	AME (First, Middle, Meider				
AYL d by ti	BE C	John	Walker			Virgini		_	urry		
be retained ge 5 should	5	19m. INFORMANT'S NAME (Type/Print) Pamela F. Foster	(Daughter)	Same a		and Number or Rural	Route Number, City or Tox	wn, State, Zip Code	,)		
		20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 💢 Cremation 3 ☐ Rem		PLACE AND DATE OF etery, crematory or other		ame of		OCATION City of			
Age 6		4 Donetion 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIC		Suburban	Cremato	DTY ND ADDRESS OF FA		lver Sp	ring, MD		
BALTIMORE, nours after death. Page 6 may be d in by the funeral director, page or removal.		· Jobl-B+	26/	M00827	Rapp	Funeral	Services, Silver S		MD 20910		
urs after in by the removal		23. PART /. Enter the diseases, or cahock, or haert failure.	omplications that caused List only one cause on ea	tha death. Do no	t antar tha mo	da of dying, aud	th as cardiac or resp	piretory arrest,	Approximata		
		IMMEDIATE CAUSE (Final disease or condition	<i>(-)</i>		Λ	4			Onset and Deat		
760, ed within 24 ompletely fills i, cremation, event, the		resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	HM	rent					
	z		Ashirati	ten Pro	umar	110			İ		
×	NT.	Sequentially list conditions, if any, leading to immediate	10.	CONSEQUENCE OF):	1	F. 10.	- 1.	4	•		
D & F	FI S	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	wory	re E Ky	pokern	19				
A 21 = 1	CERTIFICATION	resulting in deeth) LAST	C.O.P.								
S, deat deat Aental		PART II. Other significent condition	a contributing to death be	ut not resulting in	the underlying	T neuron alumn in	Book I Day und as	· · · · · · · · · · · · · · · · · · ·			
~ = 2 = -	ICAL	Aremia.	lee traly t	E Abn		n la es	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
w requires that been signed b pt. of Health an sthows any	MEDIC	Calitis - C	Dit , A-5	·n-1	75 0	tell hr	t ☐ YES :	2 NO	OF DEATH?		
S of the		gastohs	Dushi	ralla		(100	77.4				
NY: The lan ficate has State Dep	SICIAN:	25. WAS CASE REPERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF OEATH (Ch	eck only one)				
or the	HYS	1 YES 2 NO	1 in Inputient 2 ER/Output 28e. DATE OF INJURY	atlent 3 DOA 4	☐ Nursing Hom		8 Other (Specify) 28d. DESCRIBE HOW	MILLIEN COCKET			
	<u> </u>	Natural 5 Pending	(Month, Day, Year)	INJUI	RY WO	RK?	280. DESCHIBE HOW	INJURY OCCURE	,		
N A P S	D BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	- At home, ferm, str	eet, factory, office	•	281. LOCATION (Street		irel Route Number,		
	ETE	4 Homicide determined	bulliang, etc. (Specify)				City or Town, Stete)				
PITAL DR A ERAL DIREC IN 72 hours T: If Itom	COMPLET		CIAN: To the best of my knowle								
FULLER within	8	2 MEDICAL EXAMINE	R: On the beele of examination	end/or investigation,	In my opinion, d	eath occured at the	time, date and place, a	nd due to the ceu	se(e) end manner ee ststed.		
Po	BE	296. SIGNATURE AND TITLE OF CERTIPLES	IN			29c. LICENSE NUI	MBER	29d. DATE SIG	NEO (Month, Day, Year)		
PP2E	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P.	rint)	DI I	7 43		23 93		
2		VIVOR C	VAIDM.	D 33	1) Toll	Ido Ti	wile tu	alizvil	Le Md. 20787		
0		31. DATE FILED (Month, Day, Year) JUL 2 7 1993	ALLA DEVISION	TURE DE				~13112	W 1. W 20 17 1		
A822		JUL 27 1993									

BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MA	ARYLAND / DEPAR CERTIF		OF HEALTH AND		YGIENE EG. NO.
RLES	KNAHER	ΙD		2. DATE OF D	DAY

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND		HYGIENI REG. NO.	_		200	0 1
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH	
	JOSEPH CH	ARLES	KNAUER.	IR.		MONTH TASIC	20 0	19939	AR 2	17:05A	M D
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			PLACE (State or Fore	
	217-50-6972	10MALE	45 YRS. MO	NTHS DAYS	HOURS MIN.	04/0			RY]	LAND	
	9a. FACILITY NAME (If not institution, give s	treet and number)	96	CITY, TOWN	R LOCATION OF DI	HTA		9c. COUNTY	OF D	EATH	
DIRECTOR	FREDERICK MEMORIA			FREDER	ICK			FREDE	RI	CK	
2	MD FRE	v DERICK	FREDE	OWN OR LOCAT	ION					10d. INSIDE CITY	
	100. STREET AND NUMBER	DEKTOR	FREDE							1 TES 2 N	10
FUNERAL	1003 GRAYSTONE DR	., APT. 1C		100	. ZIP CODE 2170	1				S.A.	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DEC	ENDENT OF HISPAI	VIC ORIGIN? (Specify Yes		RACE	- American Indian	1.
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	cify Cuban, Maxica 2 NO Specif	n, Puerto Rici	en, etc.)		Black Specif	, White, etc.	,
B	Divorced		IETNAM		NO					TE	
ETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT'S USI (Give kind of work	done during mo	N st of working	16b. K	ND OF BUS	INESS/INDUS	RY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use re				מחבו	OOUT			
COMPL	17. FATHER'S NAME (First, Middle, Last)		SECUR.GUA	KD				GOVT.	_		
	JOSEPH C. KNAUER,	CD			18. MOTHER'S NA			,			
98	19a. INFORMANT'S NAME (Type/Print)	OK.	19h MAILING AD	DRESS /Street o	nd Number or Rugal	YS ROI			da l		-
임	GLADYS R. KNAUER		101 COLU			EDERI			MD	21701	
1	20a. METHOD OF DISPOSITION BUR 1 Derivation 3 Deficiency	TAI. 20t	. PLACE AND DATE OF D			OATE	1	ATION City			
1	1 ☐ Burlel 2 ☐ Cremation 3 ☐ Remi	oval from State cen	CHAPEL CEN	ETERY		8/2				TOWN, MI	D I
ļ	21. SIGNATURE OF FUNERAL SERVICE LIC		1		D ADORESS OF FA					& SONS	
	(atharine). Dan 26	en	ļ	LIBERT	YTOWN	, MD				
	23. PART I. Enter the diseases, or o	complicationa that caused List only one cause on a	d tha death. Do not	antar the mo	da of dying, suc	h aa cardia	c or reapir	atory arrest		Approximat	le
ļ	IMMEDIATE CAUSE (Final	clac only one cause on a								Onset and	
	disease or condition resulting in death)	. lerin	of Mig	Tite	Und	fund	40	Gera	20		
	disease or condition										
HTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):			0		8			
3	CAUSE (Disease or Injury	c								1	
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
SE I		d									
ا ہ	PART II. Other aignificant condition	a contributing to death b	out not resulting in t	ne undarlying	cause given in	Part I. 24	e. WAS AN		24b.	WERE AUTOPSY FINE	
MEDIC						1	YES 2			COMPLETION OF CA	
빌										1 TES 2 NO	
ij											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL THER:	ACE OF OEATH (Ch	eck only one)					
ຂ	1 YES 2 NO 27. MANNER OF DEATH	1 Chipetient 2 ER/Outp	patient 3 DOA 4	Nursing Hom	5 🗆 Residence						
	1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO		28d, DESCR	IBE HOW IN	JURY OCCUR	ED		
à l	2 Accident Investigation 3 Suicide a Could set by	28e. PLACE OF INJURY	— At home, ferm, stree			28f LOCATI	ON /Street or	ad Alumber or 6	hum! D	nute Mumbus	
MPLEIEU	4 Homicide 8 Could not be detarmined	building, atc. (Spec	cify)	,		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				_	
7 1	29a. CERTIFIER Check only	CIAN: To the best of my know	ledge, death occurred a	the time, data	and place, and due	to the course	e) and man	ter as stated	-		
5		R: On the basis of examination							use(a)	and manner as stat	ted.
3	296. SIGNATURE AND TITLE OF CERTIFIES		0		29c. LICENSE NUM					(Month, Day, Year)	
4	Tuch !	7. 1000	~ ' '	Ì	0-4	3/91		> 7	- 7	19-83	
2	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, Prin	()	Δ /	-				' /	\dashv
		otro, mp. 1		Tolone	on H. C	Tuki	t,	mp.	7	1702	
	AUG 2 '93	32. REGISTRAR'S SIGN	ATURE								

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STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CERTIFICATE	0	F DEAT	TH		REG NO

l .	1. DECEDENT'S NAME (First, Middle, Last))							2. DATI	OF DEAT	N DAY	YEA	3. TIME OF DE
		MBERT							JUL	Ϋ́		1993	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.		last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	MIN.	7. DATE	OF BIRTH	9 101	8. Bi	RTHPLACE (State or Suntry). Shington
	579-28-6627 9a. FACILITY NAME (If not institution, give					TOWN C	OR LOCATI	OH OF DE		cn z		-	
OR	J. SOURT OF BEATT												
DIRECTOR	De. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CI		
				Was	shing	gton	, D.	C.					1 X YES 2
FUNERAL	10e. STREET AND NUMBER					ZIP COD	_					OF WHAT COUNTRY	
JNE	3714 13th Stree	12. WAS DECEDENT EV	VER IN II S	ARMED	12		2001		HC OBIG	M Conside	Un:		States
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE WAR	YES 2	XNO		If yes, spe	ecify Cube	on, Mexica Specify	n, Puerto	Rican, etc.) 105 OF NO -	В	RACE — American in Black, White, etc. Specify:
D BY	3 Wildowed 4 Divorced		22. 11111 221										Black
ETE	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed)	DECEDENT'S (Give kind of life. Do NOT u	work done			ng	16	b. KIND OF	BUSINESS/	INDUSTR	TY .	
APLI	Eletinomally/Secondary (0-12)	College (1-4 or 5+)		Cleri	ĸ					U.S.	Gove	rnme	nt
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First,	Middle, Me	iden Surname)		
BE	John E. Quand	ler						ude 1					
2	James W. Quander	•				RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) :h Street, N.W. Washington, D.C.					,		
- V	20A. METHOD OF DISPOSITION		20b. PLAC	E AND DATE	OF DISPOS	ITION (Na	me of		OA"				r Town, State
	1 \(\) Buriel 2 \(\) Cremetion 3 \(\) Rer 4 \(\) Donation 5 \(\) Other (Specify)		Mt.	Oliv					7/24				, D.C.
	21. SIGNATURE OF FUNERIAL SERVICE L	ICENSEE	69		Mic	NAME AN	re F	ss of fac	al S	ervi	ce, Iı	nc.	2001
	490 111	9/6/ m	222		74	00 (Geor	gia A	Ave.	N.W	. Was	shin	gton, D.
1	IMMEDIATE CAUSE (Finel disease or condition	•	Dn aach II							disc of it	eapiratory	arrest,	Approxii Interval Onaat a
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. OUE TO (OR DUE TO (OR DUE TO (OR	AS A CONS	BEQUENCE O	P):					VISC OF I	евривогу	arrest,	Interval
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. OUE TO (OR b. OUE TO (OR C. DUE TO (OR d.	AS A CONS	EEQUENCE O	P:)-	Fer	jlu	9>	uiec oi i	евризиоту	arrest,	Interval
AL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. OUE TO (OR b. OUE TO (OR C. DUE TO (OR d.	AS A CONS	EEQUENCE O	P:)-	Fer	jlu	9>	24a. WA	S AN AUTOPS		Interval Onset al Onset al Analysis and all all all all all all all all all al
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MEDICAL CERTIFI	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the con	a. OUE TO (OR DUE TO (OR DUE TO (OR d.	AS A CONS	SEQUENCE O	F):)-	Fer	jlu	9>	24a. WAI	S AN AUTOPS		Interval Onset al Ons
AN: MEDICAL CERTIFI	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the con	a. ONE TO (OR DUE TO (OR DUE TO (OR d. One contributing to dea	AS A CONS	SEQUENCE O	F): F): In the ur) derlying	for couse !	jlu	Part I.	24a. WA3 PEF 1 YE	S AN AUTOPS		Interval Onset al Onset al 24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF DEATH?
YSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the cause of the	a. OUE TO (OR b. OUE TO (OR c. DUE TO (OR d. HOSPITAL:	AS A CONS AS A CONS	SEQUENCE O	F): F): OTHER 4 Nur	26. PL	ACE OF D	given in	Part I.	24a. WASPEF 1 U YE	S AN AUTOPS FORMED? S 2 \(\text{NO}\)	SY :	Interval Onaet al Ona
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ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the cause of the	a. OUE TO (OR b. OUE TO (OR c. DUE TO (OR d. ONS CONTRIBUTING TO GES HOSPITAL: Thinpetient 2 ER 28e. DATE OF INJ. (Month, Day, N	AS A CONS AS A CONS	SEQUENCE O SEQUENCE O Tresulting Tresulting Tresulting Tresulting	OTHER 4 Nur	26. PL R: sling Home 28c. INJU WO 1 U	ACE OF D ACE OF D TRICE TRI	given in	Part I. Peck only of 8 Oth 28d. DE	24a. WAS PEF 1 VE 1 VE	S AN AUTOPS SFORMED? S 2 \(\text{NO} \) DW INJURY (DCCURED	Interval Onaet al Ona
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D BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or substitution of the cause of	a. OUE TO (OR b. OUE TO (OR c. DUE TO (OR d. ONE CONTRIBUTION TO (OR DUE TO (AS A CONS AS A CONS	SEQUENCE O SEQUENCE O Tresulting Tresulting DOA 28b. TiM IN. home, farm,	OTHER OT	28. PL 3: sing Home 28c. INJI 1 V	ACE OF D 5 Re URY AT RK? rES 2 e end place eath occur	given in	Part I. Back only of a large of the cast time, date	24a. WAN PEF 1 UYE	S AN AUTOPS FORMED? S 2 NO DW INJURY (reet and Num tate) menner as a s, end due to	DCCURED ber or Rule stated,	Interval Onaet al Ona

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	MORPHIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may b	HINETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 1878 brone after death with the Charles and Mariel Districts and the brone after death with the Charles and Mariel Districts and the brone after death with the Charles and Mariel Districts and Districts and	ANNE II I I I I I I I I I I I I I I I I I
	모.	23	1 3

30. NAME AND ADDRESS OF PERSON WHO COM BYRL D. JOHNSON 31. DATE FILED (Morith, Day, Year) JUL 27 1993 July

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Russell

Avenue

Gaithersburg

		FOR 1 - STATE REGISTRAR	STATE OF MARY				F HEALTH AND OF DEATH	MENTAL HYGI		93	3 23359	
		DECEDENT'S NAME (First, Middle, Last) MABEL	C. LIN	HART				2. DATE OF DEATH	1	93 ^{KEAR}	3. TIME OF DEATH 11:45 PM	
		4. SOCIAL SECURITY NUMBER 214-36-8100	W. AGE (III y/s, Alls) DITITURY) IF UNDER 24 MRS. 7. DATE ()						1898	PLACE (State or Foreign DIANA		
a CE		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUR								NTY OF OEATH ONTGOMERY		
1000		MD. FRED	ERICK		10c. CITY, TO	OWN OR LO					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
IEBAI	: 1	12121 GLADHILL BRO	OTHERS ROAD				101. ZIP CODE 21770)		IZEN OF W	HAT COUNTRY?	
RV FIINE		11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 A N	MED O	If yes	DECENOENT OF HISPA I, specifyCuban, Mexic YES 2 NO Speci	en, Puarto Rican, etc.	Yas or No-	14. RACE Black Specif	- American Indien, i, Whita, atc.	
Onte.		15. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	CECENT'S USL we kind of work Do NOT use re HOMEM	done during tired.)	PATION 7 most of working	16b. KINO OF	HOMI			
TO BE COM		17. FATHER'S NAME (First, Middle, Last) DELVIN B. C	ONE					AME (First, Middle, Mar ABETH L.		S		
TO B		19a. INFORMANT'S NAME (Type/Print) MARILYN L. KIN	SEY	19b	MAILING AD	oness (Str GLADI	eet and Number or Aura	Route Number, City or ERS RD. N	Town, State, Zi	IA, M	D. 21770	
examiner must be		20s. METHOD OF DISPOSITION 1										
аі ехаш		· muric	14-13	ax	h	215	RIEL H. BA 525 LAYTON	SVILLE PO	AT TA	TOMS	20882 SVILLE, MD.	
the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Brunatum flust versit occluming with come ones and Death out to (or as a consequence of): Sequentially list conditions. b. Atherestileretic versular disease.										
event,		resulting in death)	OUE TO (OR AS	A CONSEO	UENCE OF):	9 00	ecommy i	Mr Come			hones	
r other traumatic event,		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS	A CONSEO	Vesch Uence of):	ler	disease-				year,	
5 E		that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQ	UENCE OF):							
es any inju		PERFORMEO? AMAILABLE PR										
SICIAN: M		25. WAS CASE REFERRED TO MEDICAL									1 YES 2 NO	
or Item 23 YSICIAN		EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Out	patient 3		THER:	I. PLACE OF OEATH (C					
BY PHY		27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey, Year) 28a. OATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO						28d. OEŞCRIBE HO	W INJURY OC	CUREO		
28 is		3 Suicide 6 Could not be determined	28a. PLACE OF INJUR building, etc. (Spe	/ — At hen	ne, term, stree	t, tactory, o	offica	261. LOCATION (Str. City or Town, St	et and Number ate)	or Rural Ro	oute Number,	
ANT: If Iter		29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my know	rledge, dea	th occurred at	the time,	deta and place, and du	a to the cause(a) and time, data and place	menner as ata	led, ne cause(a)	and menner as stated.	
POR BE		296. SIGNATURE AND TITLE OF CERTIFIER	~ m.o.				29c. LICENSE NU	MBER			(Month, Day, Year)	
를 일		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	ATM /ITEM	1070 (Feet Orle	d)				201	-	

20879

Maryland

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_	HEGISTHAR				OF DEATH	H	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Ethel MELLINGER	Ethel Pea	rl MELLI	NGER		Bet.	TE OF DEATH		YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	UMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 F 104 YRS.				YEAR IF UNDER 24 HRS. 7. DATE OF B			H B. BIRTHPLACE (State or F		
	Sa. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY,	TOWN OR LOCATION		il Cii	9c. COUNT		·	
DIRECTOR	Avalon Manor Hor	-	На	gerstown			Wash	Washington			
l m	10e. STATE 10b. COUNT	Y	10c. CIT	TY, TOWN OF	LOCATION				10	d. INSIDE CITY	
ā	Maryland Wash	ington	H	lagers	town				17	LHMITS? YES 2 NO	
ERAL	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZE	N OF WHA	AT COUNTRY?		
E	346 S. Potomac S			217	40			USA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 100	11	AS DECENDENT OF yes, specify Cuben, TES 2 1 NO	Mexican, Puer		Yes or No — 1	4. RACE — Black, W Specify: Whit	American Indian, White, etc.	
ED	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OC	CUPATION		18b. KIND OF	BUSINESS/INDU		.е	
ᇤ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done di. se retired.)	iring most of working				7000		
AP.	unknown	unknown	home	maker				-			
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHE	R'S NAME (Fire	st, Middle, Mai	iden Sumeme)				
ш	Martin C. Funk				Id	a Jane	Reyno	lds			
TO B	19a. INFORMANT'S NAME (Type/Print)				(Street and Number or						
-	Paul C. Mellinge	r	248	Ker.by	Road, G	rosse	Point	e Farms	, Mic	ch. 48236	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	oval from State 20t	D. PLACE AND DATE	OF DISPOSIT	TION (Nama of			LOCATION — CI	ly or Town,	, State	
	4 Donation 5 Other (Specify)		Rose Hil				16 H	agersto	wn, l	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME (15 F William River Homes and Address of Facility MINNICH FUNERAL HOME										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximate										
	shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one ceuse on e	sch line.			r re-es allon		•		Interval Between Onset and Death	
	disease or condition		ARM 2							L mi	
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O							P	
z		As eno						3			
E	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	HF):							
2	CAUSE (Disease or Injury	с									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): d									
	PART II. Other significant condition	s contributing to death b	out not resulting	In the und	lerlylna cause alv	en in Part I	24n WMG	AN AUTOPSV	24b W	ERE AUTOPSY FINDINGS	
EDICAL				an and and	conying cades giv	PERFORMED?		AM CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
Σ									11	YES 2 NO	
IAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEA	ITH (Check only	one)				
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 I ER/Out	astient 3 🗆 DOA	OTHER:							
PHYSICI	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIR	E OF 2	28c. INJURY AT	_		W INJURY OCCU	REO		
ВУ Р	1 Accident 5 Pending	(Month, Day, Year)	IN.	JURY M	WORK?	NO					
8	2 Accident investigation 3 Suicide 6 Could not be determined	— At home, farm,	street, factor	ry, office	28f. L	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			e Number,		
COMPLET		CIAN: To the best of my know									
8		R: On the besis of exemination	n and/or investigation	on, in my op	inion, death occured	I at the time, d	late and place	, end due to the	cause(s) ar	nd manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	contino			29c. LICENS	SE NUMBER				onth, Day, Year)	
5					12 (6	0/4		7	13.7	3	
	30. NAME AND ADDRESS OF PERSON WH	Tehmo 3	34 mc	u 5-	tAG.	mo	20	40			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE								
1 1	1111 1 1/1993	Bule Warden									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	A STATE OF THE PARTY OF THE PAR
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5	00

31. DATE FILED (Month, Day, Year)

JUL 1 4 1993

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TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO HE HAND THE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLA	AND / DEPA					MENT	TAL HYGIEN REG. NO.	9	3	23361
	1. DECEDENT'S NAME (First										ATE OF DEATH	. 1	VEAD	3. TIME OF DEATN
	Bern		Ire			MECKL					7/1		93	2045 M
	4. SOCIAL SECURITY NUME		5. SEX		n yrs. last birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	(Mi	TE OF BIRTH lonth, Day, Year)		Count	
	214-09-5025			78	YRS.						ay 29,19			st Virginia
E .				1		1			ION OF OE	EATN			2 Sh	
5	Washington					па	gers	towr	<u> </u>	-		U	Z-Srt	ington
DIRECTOR	MORY LODG	10b. COUNT	ngton			ry, town (1175/						10d. INSIDE CITY LIMITS?
	Mary land	Wasiii	ngron		W	Ilia								1 YES 2 NO
FUNERAL	16505 Virgi	nia Av	e.				100	. ZIP COD	* 2179	5			SA	WHAT COUNTRY?
S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN		13.	WAS DEC	ENDENT			GIN? (Specify Yes			E — American Indian
BY F	1 Never Married 2 3 Wildowed 4 Divo		FORCES? 1		2 No TES	1 2	If yes, sp	ecify Cubi	n, Maxica Specify	n, Puer	to Rican, etc.)		Blac Spec	E — American Indian, k, White, etc.
			l											White
TED	(Specify only	EDENT'S EDU y highest grade	completed)		(Give kind of life. Do NOT u	work done	CCUPATIO during mo	ON est of world	ng	1	16b. KIND OF BUS	INESS/INC	DUSTRY	
COMPLET	Elementary/Secondary (0	1-12)	College (1-4 or 5	·)		reta	P1/				Governm	on+		
O.	17. FATNER'S NAME (First, M.	liddle, Last)			7)60	Va	ТУ	18. MOT	HER'S NA	_	st, Middle, Maiden			
BE (George		Hilla	ry	Meck	ey		M	lina		Land	is		Lynch
10	19a. INFORMANT'S NAME (7										umber, City or Town			
	George W.								e. W	IIII	iamspor	+,MD	217	95
	20a METNOD OF DISPOSITI 1 Burlal 2 Crematic 4 Donation 5 Other	n 3 Rem	oval from State	20b. Ceme	PLACE AND DATE etery, cremetory or of CETVIEW	OF DISPOS CEME	tery	_{me of}	.14,	199	7			rwn, State +, MD 21795
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE						SS OF FAC			TTGIII	Spor	1,140 21700
Ц	1///01071	111.1	Kelon			Р	.O.B	lox #	348	Wi	. HOME Iliamsp	ort,	MD 2	1795
	23. PART I. Entar the di shock, or he	iseeses, or c eart fellure.	complications that List only one ceu	t ceused se on ee	the deeth. Do	not enter	the mo	de of dy	Ing, suct	h as co	erdiec or reepli	atory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Fin	nel	Λ.	1)				1		1			Onset and Death
	resulting in death)	→	a. /- Cu	ICE AS A	CONSEQUENCE	عصد	en	DV.	1 2	ىلا	when	سله		month
z				(OIL AS A	CONSEQUENCE	re j.								
CERTIFICATION	Sequentially list conditi if any, leading to immed	diate	DUE TO	(OR AS A	CONSEQUENCE O	F):								
S	cause. Entar UNDERLY! CAUSE (Disease or Inju		c											
岸	that initiated events resulting in death) LAS	,	OUE TO	(OR AS A	CONSEQUENCE O	F):								
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AL	PART II. Other significa	nt condition	s contributing to	deeth bu	t not resulting	In the un	derlying	cause	given in i	Part I.	24a. WAS AN / PERFORI	NUTOPSY MEO?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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AN	25. WAS CASE REFERRED TO	MEDICAL					20 04	405.05.0	FATIL (C)	-11	1			
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PHY	27. MANNER OF DEATH		26a. DATE OF	INJURY	28b. TIN	E OF	28c. INJU	URY AT	sidence		ther (Specify) DESCRIBE HOW IN	JURY OC	CURED	
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EDE	3 Suicide 6 🔲	Could not be	28s. PLACE O building,	F INJURY -	At home, term,	street, facto	ory, affici			261. LC	OCATION (Street ar	nd Number	or Rural F	Route Number,
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COMPL	29a. CERTIFIER (Check only one)	IFYING PHYSI	CIAN: To the best of	my knowle	dge, death occurr	ed at the ti	lme, deta	and place	, and due	to the c	ceuse(s) and man	her as stat	ed.	
	29b. SIGNATURE AND TITLE	the same of the same of		CHITHITIATION	and/or investigate	on, in my o	pinion, de				ate and place, and) and manner as stated.
TO BE	Freder		U	1	M			29c. LICI	S S) Z	3	29d. DATI	SIGNED	(Month, Day, Year)
-	SO NAME AND ADDRESS OF	PERSON WHO	O COMPLETEO CAUS	E OF DEAT	TH (ITEM 27) (Type	Print)	70	C 1/	/		101	11		
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DIRECTOR

FUNERAL

BY

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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2 Accident

3 Suicide

4 Homicide

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be reta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sl	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not
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93 23362 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH . 1993 YEAR July 29. Judy 8:29 A. Davis Malonev 7. DATE OF BIRTH
J. (Month, Day, Year)
JULY 22, 1944 West Virginia 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 49 235-68-3158 1 M 2XXF 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Physicians Memorial Hospital LaPlata Charles RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Charles Maryland Bryantown 1 TES 2 THO 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20617 U.S.A. Rt. 1, Box 68 G, Huckleberry Court 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced 1 YES 2 NO Specify: Specify: White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY
Naval Surface Warfare (Specify only high ry/Secondary (0-12) College (1-4 or 5+) accounting Tecnician Center, U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Merle T. Davis Ruth Byrd 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt.1.Box 68 G. Huckleberry Ct., Bryantown, Md. Thomas Dennis Maloney 20s. METHOD OF DISPOSITION
1 Buriel 2 X Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Waldorf, Md. "Hunttoy Crematory 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE AREHART-ECHOLS FUNERAL HOME, INC. M00174 P.O. BOX 567, LA PLATA, MD. 20646 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) oule myoca DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUED If any, leading to immediate cause. Enter UNDERLYING Cario CAUSE (Disease or Injury that initiated events resulting in death) LAST 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE mellitus, ne 1 YES 2 NO OF DEATH? disease 1 YES 2 NO

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:

1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1, Metural

ng Home 5 - Residence 6 - Other (Specify) 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281, LOCATION (Street end Number or Rural Route Number, City or Town, State)

1: DERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated.

els of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER

mer felthund auch

D-08370

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

E. Pritchett, M.D 118 LaGrange Ave., P.O.Box 1317, LaPlata, Md. 20646

AUG 02 93

8 Could not be determined

32. REDISTRAR'S SIGNATURE

		ompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
020	physician.	burial-transit permit
BALTIMORE, MARYLAND 21215-0020	ad within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	detached for use as the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host of the fluctual DIRCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN		20000
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	·	3. TIME OF DEATH
	ANNA S.	MIGHELL				JULY 28,	1993	8:30 Am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	B.	BIRTHPLACE (State or Foreign
	217-44-6164 9e. FACILITY NAME (If not institution, give st	1 M 2 F 9	YRS.		HOURS MIN.		1902 I	
DIRECTOR	WILSON HEALTH CAN		-		ERSBURG	AIT	MONTG	salt Const.
띱	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION	ON			10d. INSIDE CITY
BI	MARYLAND MONTGO	OMERY		LVER SE				LIMITS?
	10e. STREET AND NUMBER	7112111			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1210 NOYES DRIVE				20910		U	SA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECE	NOENT OF HISPAN	IC ORIGIN? (Specify Ye		RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			tify Cuban, Mexicar 2 X NO Specify	n, Puerto Rican, etc.)	W	Specify: HITE
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S USU	AL OCCUPATION	N .	16b. KIND OF BU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	ired.)	t or working			
MP		4	HOUSEWIF	E				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)	
B	PETER SOREM	ISEN			LENA		LAISEN	
6	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tox		
	ALAN D. MIGHELL		510 LYN			OCKVILLE,		
	1 Surial 2 Cremation 3 Remo	oval from State came	PLACE AND DATE OF DI etery, cremetory or other p ARKLAWN CEI	decel	ne of		CATION — CHY	, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC		MINLAWN CE	22. NAME AND	ADDRESS OF FAC	YILITY		
	Steven St	teorel				LLINS FUNE		ME, INC. PR.,MD.20901
	23. PART i. Enter the diseases, or c	omplications that caused	the death. Do not e	enter the mod	e of dying, such	as cardiac or resp	iratory arrest	, Approximate
	iMMEDIATE CAUSE (Final	List only one cause on ac	ech line.					Interval Between Onset and Death
	disease or condition resulting in death)	car,	CONSEQUENCE OF):	Dan (Caes	Wise	250	-
1 1	White Whiteless	DUE TO (OR AS A	CONSEQUENCE OF):					
NO	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	א פא ווסן סו בספ	CONSEGUENCE OF).					
틸	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
ᇤ	resulting in death) LAST	1						
	PART ii. Other significant condition	s contributing to death be	ut not resulting in th	e underlying	Cause given in I	Part i. 24e. WAS AN	AITTOREY	24b. WERE AUTOPSY FINDINGS
CAL		2	at the table and the	io underrying	cause given in	PERFO	PMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
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						-		1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Che	ick only one)		
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpo		HER:		6 Other (Specify)		
РНУ	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJU	RY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED
ВУБ	1 Netural 5 Pending 2 Accident Investigation	(MORES, Day, Tolly)	INJURY	M 1 TYE	S 2 NO			
ED B	3 Suicide 6 Could not be	26a. PLACE OF INJURY building, etc. (Speci	— At home, ferm, street	t, factory, office		281. LOCATION (Street City or Town, State	and Number or I	Flural Route Number,
E	4 Homicide determined							
COMPLI	one)	CIAN: To the best of my knowle						
00	2 MEDICAL EXAMINE		and/or investigation, in	my opinion, de	ath occured at the t	time, date and place, as	nd due to the co	euse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	6		~	29c. LICENSE NUM	5 46	29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	()			Do 4	resde in
	Sha	1 cm b.	er <	8 21	8 W1.	S Con S.	INI	ove
	31. DATE FILED (Month, Day, Year)	11. HEGISTRAR'S SIGN	ATURE MODEL					
	I JUL 6 7 1993 7							

BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ai examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FONE NAL SHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72, lours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMBILETED BY BUXBICIAN, MEDICAL OFFICIALISM

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Prederick Memorial Hospital Frederick Proderick Proderick Seatory and Seaton Seatory and Seaton Seatory Seaton Sea		REGISTRAR			:HIIF	CALE	OF	DEATH		REG. NO.				
SOONAL SECURITY NUMBERS S. SEX S. ADC (in yr. hard combudy) F. MORRIT SEAR F. MORRI		1. DECEDENT'S NAME (First, Midd		dlev					MONTH	24		YEAR	3. TIME OF DEATH	
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THE PROJECT NAME (FOR CHINDRO, pur shorted and canada) Frederick		578-22-7957	1½ M 2 🗌 F	69	YRS.	MONTHS	DAYS	HOURS MIN.			1924	Was	nington,	DC
The street and number 2412 Ellsworth Way 10. ZPP CODE 21702 10. WAS DECEMENT EVER IN U.S., ANMED PORCESS 1 S. YES 2 [] NO If YES 2 (] NO I		9a. FACILITY NAME (If not institution	on, give street and number)			9b. CITY, T	OWN O	R LOCATION OF DE				JNTY OF E		
DESTREET AND NUMBER 2412 Ellsworth Way IT, MANTAL STATUS THE MATTAL STATUS THE MA	R	Frederick Me	morial Hospi	tal			Fr	rederick			F	rede	rick	
DESTREET AND NUMBER 2412 Ellsworth Way IT, MANTAL STATUS THE MATTAL STATUS THE MA	5	RESIDENCE OF DECEDE	NT									- Cuc.	LICK	
DESTREET AND NUMBER 2412 Ellsworth Way IT, MANTAL STATUS THE MATTAL STATUS THE MA	2	1901			10c. CITY			1411			_		10d. INSIDE CITY	
Type Company Control		Maryland	Frederick			Fred	deri	lck					LIMITS?	0
Type Company Control	A						10f.	ZIP CODE			10g. CI1	IZEN OF	WHAT COUNTRY?	
Type Company Control	E	2412 Ellswor	th Way					21702			111	nite	d States	
Type Company Control	3	11. MARITAL STATUS				13. W	S DECE	ENDENT OF HISPAN	IC ORIGIN?	(Specify Vee				
100 100	F				10	lf y	yes, spe	cify Cuban, Maxica	n, Puarto Rk	can, etc.)			E — American Indian, k, White, etc.	
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198. MALINO ADDRESS (Street and Aumbor of City or Rown, Stein, Ze Aumor of Rown, Stein, Ze Aumor of Rown, Stein	S	17. FATHER'S NAME (First, Middle, I	Last)					15. MOTHER'S NA	MF (First Mi	irtin Mairton	Suma ma)			
Total target Tota	S	Vincent D. Ma	andley								ournernay			
JUAINITIA R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY JUANNIE R. MANDLEY MONTGOTTERY MON		19a. INFORMANT'S NAME (Type/Pri	int)	196	MAILING	ADDRESS /	Ctmot as	ad Alumbas as Dunt I	Davida Morado	05	0			
206. METHOD OF DISPOSITION 1	2	Juanita R. Man	ndley	24	112 E	llswo	orth	Wav. Fi	eder:	ck h	n, State, Zi	land	21702	
A Donation S Other (Specify)		20a. METHOD OF DISPOSITION												
22. NAME AND ADDRESS OF FACILITY RODET A PUMIDITY Funeral F 300 West Montgomery Avenue Rockville, Maryland 20850- 30 West Montgomery Avenu		1 Burlai 2 Cremation 3	Removal from State	cemetery, crer	natory or oth	ner place)	ION (Ner	ne of //24/9	OATE					
MO0198 ROBERT A. Pumpfirey Funeral F 300 West Montgomery Avenue Rockville, Maryland 20850- 2				Money	omer								-	
23. PART I. Enter the glassese, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory are shock, or heert failure. List only one ceuse on each fine. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other DEATH I SPITAL: 1 SPITAL: 2 SPITAL: 2 SPITAL: 2 SPITAL: 2 SPITAL: 2 SPITAL: 2 SPITAL:			1 1	/	0100	Rob	ert	A Pump	hrey	Funer	ral I	Home,	/Rockville	e,
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296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE 298. LICENSE NUMBER 299. DATE 290. D	8			amination end/or in	rvestigation	, in my opin	non, de	ath occured at the	time, data ar	nd place, and	due to th	Te Cause(s) end manner as state	d.
Som ELIZO GAGE OF DEATH (ITEM 21) (1708, Print)	W	Jan s.	1 June	~ My				P21	144		29d. DAT	E SIGNED	(Month, Day, Year)	
24 DATE FUED WALL DO NOT THE TOTAL T							1VF	E, N F	reder	ick,	Mary	land	21702	
3. JUL 2. 6. 1993 Jul 2. July 18. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		31. DATE FILEDYMOND, Day Man	Julie State	S S A MATCHESS	-								-	

1 - FOR STATE REGISTRAR

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEI REG. NO		
	7	1. OECEDENT'S NAME (First, Middle, Last)	Hilda H	arned	Newcom	b	2. DATE OF DEATH MONTH	100	3. TIME OF DEATH
P	8	4. SOCIAL SECURITY NUMBER 438-24-7872	1□ M 2 💢 F 79	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTN (Month, Day, Year)	1.	BIRTNPLACE (State or Foreign Country) IISSISSIPPI
, 2, 3 should	TOR	98. FACILITY NAME (If not institution, give s Shody Grove RESIDENCE OF DECEDENT	_	longer		or location of d	EATN	9c. COUNTY	OF DEATH
permit, Pages 1,	DIRECTOR		gomery		y, town or locat thesda	TION			1 YES 2 XNO
n. ansit perr	FUNERAL	9210 Adelaide Dr.	ive			20817			of what country?
ND 21215-0020 hospital or attending physician. tached for use as the burlat-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
21215 or attentor use as	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION work done during more retired.)	ON est of working	16b. KIND OF BU	JSINESS/INDUST	
the hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	5+	Secreta	агу	18. MOTNER'S NA	U.S. (Governm	ent
ज हुन	BE	Roby Wentwor 190. INFORMANT'S NAME (Type/Print)	th Harned		ACCRESS (Street o	Edna		Johnson	
E, N y be re yage 5 be no	2	Dale E. Newcomb	(Son)	13651	Spinnin	g Wheel	Dr, German	ntown,	MD 20784
e 6 m ector.		1 Burlel 2 Cremetion 3 Remidel Donation 5 Other (Specify)	oval from State cem	PLACE AND DATE OF STREET O	Cremato		7-23 Si	ocation – city lver Sp	or Town, State Oring, MD
BAL IIN after death. Pag by the funeral di moval. Ical examiner		Joch B.	2W/ .	400827	Rapp 933 G	Funeral ist Ave,	Services, Silver Sp	oring.	MD 20910
60, d within 24 hours after of sympletely filled in by the cremation, or removal event, the medical		23 PART. Enter the diseases, or o shock, or heart failure. iMMEDIATE CAUSE (Finei disease or condition resulting in death)	n.	hoch,	_ +	of dying, suc	h aa cardiac or resp	Hratory arrest,	Approximate interval Between Onset and Des
UX 68/6 e be executed w sician and comp rior to burial. cr	NO	Sequentially list conditions,	a Carl	CONSEQUENCE OF	bleed	,			224
th certificate be anding physician I Hygiene prior to other traus	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF					
ATENDING PHYSICIAN: The law requires that the death ECTOR: After this certificate has been signed by the attes is after death with the State Dept. of Health and Mental 128 is marked, or Nem 23 shows any Injury, or	MEDICAL	PART II. Other eignificent condition CHF	s contributing to deeth by	ut not resulting i		g cause given in		RMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO
AN: The law inficate has be state Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATN (Ch			
NG PHYSICIAL fer this certification with the marked, or	PHY	27. MANNER OF DEATN 1 X Natural 5 Pending	1X Inpatient 2 ER/Outp 28s. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ URY WO		8 Other (Specify) 28d. OEŞCRIBE HOW	INJURY OCCUR	ED
OR ATTENDING DIRECTOR: After nours after deal	тер ву	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	street, factory, office		28f. LOCATION (Street City or Town, State		Rural Route Number,
TAL OR VAL DIRI 72 hour	COMPLET		CIAN: To the best of my knowl R: On the basis of exemination						suse(s) and manner as stated,
D THE PORTE	8	296. SIGNATURE AND TITLE OF CERTIFIER		n		29c. LICENSE NUI	ABER 7 (29d. DATE SIG	GNED (Month, Day, Year)
70	٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	Print)	Zocku	Ue, MD:	20850	
		31. DATE FILEO (Month, Day, Year) JUL 2 7 1993	32. MESISTBAR'S STORY	ATURE DZ					

THE HOSPING OF ANTIONING BY PRINCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE PART MECHANISE CONTINUES to this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the bring-transit narmit Pages 1 2 should	Hid within 72 hours may with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OFTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10	10 T	De file	IMPO

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest, RAYMOND V. N						2	DATE OF DEATH	MY	YEAR	3. TIME OF DEATH
١.,	4. SOCIAL SECURITY NUMBER	5. SEX						07	22	93	3:47 P M
1 8	8	5. SEX	6. AGE (In yrs. les		F UNDER 1 YEAR	HOURS I	MIN.	(Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
	468-18-0295 98. FACILITY NAME (If not institution, give	21	86					EPT.5,19			ESOTA
Œ	MONTGOMERY G		1UGDI.uv		Db. CITY, TOWN C		OF DEATH	1	9c. COUN		
DIRECTOR	RESIDENCE OF DECEDENT	DIVIDITAL I	TOBLITA	п	OT	NEY			MON	T'GO	MERY
I H	10a. STATE 10b. COUN	TY		10c. CITY,	TOWN OR LOCAT	TION					10d. INSIDE CITY
		NTGOMERY		SIL	VER SPR	RING					LIMITS? 1 YES 2 NO
ĭ.	10a. STREET AND NUMBER				101	ZIP CODE			10g. CITIZ	EN OF W	THAT COUNTRY?
FUNERAL	3607 BERKENHEAD					209	906			USA	
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF H	HISPANIC (ORIGIN? (Specify Ye	e or No-	14. RACE Black	— American Indian, , White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	MR OR DATES		1 TYES	2 📉 NO	Specify:	,		Specif	y:
	15. DECEDENT'S ED	UCATION	16a, DE	CEDENT'S U	SUAL OCCUPATION	DNI .		16b. KIND OF BU	SINESS/IND		WHITE
E	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Gi	ve kind of wor Do NOT use	rk done during mo retired.)	st of working		lost tallo of bo	JIVE 33/1110	J31111	
4 A		4	·	TISTI	CIAN			DEPT.	OF AGI	RICUI	LTURE
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	R'S NAME	(First, Middle, Maider	Sumame)		
BE	EDWIN NOR	IAN				ANN		MEDINE			
2	19a. INFORMANT'S NAME (Type/Print)							e Number, City or Tox			
	EMILY A. NORMAN				RKENHEA		RT S	SILVER S			20906
	1 XBuriel 2 Cremetion 3 Rer	noval from State	cemetary, crei	natory or otha		me of	1		CATION — C		
	21. SIGN MURE OF FUNERAL SERVICE L	CENSEE	PARKLA	WN CE	METERY	ID ADDRESS	OF EACH (7/24 ROCI	KVILLE	., MA	ARYLAND
	SAFO. IC	RI	. 4					INS FUNE	RAL HO	ME.	INC.
	Mark) Dra	roon		500 UN	IVERS:	ITY 1	BLVD.,W.	SIL.S	SPR.	,MD.20901
	23. PART i. Enter the diseases, or shock, or heert fellure.	complications the	t ceused the de- ise on each line.	eth. Do not	enter the mo	de of dying	, such s	s cerdiac or resp	iratory srre	et,	Approximate interval Between
	IMMEDIATE CAUSE (Final disesse or condition		Λ.		a - A			4			Onset and Death
	resulting in death)	6.	NEUT		CEPT	100	11/1	4			DAYS.
_		DUE TO	A CONSEC	UENCE OF):	IETIV	Em	12	CRIS	11		DATE
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSEC	UENCE OF):	LUN						20193
8	cause. Enter UNDERLYING CAUSE (Disease or injury	C	CHIL	1119	C 69	MPI	401	D LE	DILE	mik	4 YEARS
불	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF):							
5	tooting in doon, cast	d									
	PART ii. Other significant condition	ne contributing to	deeth but not re	euiting in	the underlying	ceuse give	en in Par	1 I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
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MEC								. 1 123 /	I NO	- 1	OF DEATH? 1 YES 2 NO
I - I											T ES & NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEAT	TH (Check o	only one)			
YSI	1 S ES 2 NO	HOSPITAL:	ER/Outpatient 3		THER: Nursing Home	• 5 ☐ Raside	lence 6 🗆	Other (Specify)			
표	27. MANNER OF DEATH	28a. DATE OF (Month, D		26b. TIME (URY AT	28	d. DESCRIBE HOW	NJURY OCC	JRED	
À	1 Accident 5 Pending Investigation				M 1 🗆 Y	ES 2 N	10				
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — Al hor etc. (Specify)	ne, ferm, stre	et, factory, office	1	281	f. LOCATION (Street City or Town, State)		or Rural Ro	oute Number,
<u> </u>											
COMPLET	(Check only	ICIAN: To the best of	my knowledge, dea	th occurred	at the time, date	and place, an	nd due to t	he cause(a) and ma	nner as state	d.	
8	2 MEDICAL EXAMIN		ramination and/or in	westigation,	in my opinion, de	eth occured	at the time	, data and place, ar	d dua to the	cause(a)	and manner as stated.
BE	29h BIGHATURE AND TITLE OF CENTIFIE	2	7-	11	111	29c. LICENS	E NUMBER	107	29d. DATE	SIGNED	(Month, Pay, Year)
일	30. HAME AND ADDRESS OF PERSON WI	O COMPLETED OUT	/_	00	VW	V	709	01	1	12	3193
			OF DEATH (ITEN	27) (Type, Pr	ulb ulb	16	3111	PRIMIA	= 0.	1000	0 00 712
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	1416	vu)	, 16	///	PRINA	- 11	TU	r 1112 40
	Δ	10. 1	20	10					(OL)	IN	00 11 11
1 1	JUL 2 6 1993	June wand	son-Aandel	34					0	V L .	200

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR MACK JULY 26, NORMAN 10:00 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 099-07-5004 1 M 2 D F YRS. 83 12 - 15 -1909 **NEW JERSEY** Bs. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY **NEW YORK NEW YORK NEW YORK** 1 X YES 2 NO 10e, STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 200 E. 36TH. STREET 10016 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES W W II 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Never Married 2 Married BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) GRAPHIC ARTIST SELF EMPLOYED 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) MORRIS NORMAN TILLIE KALIN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 SEYMOUR AUERBACH 115 HESKETH STREET - CHEVY CHASE, MARYLAND 20815 e 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, State DATE BETH MOSES 7/29 PINELAWN, L.I.-NEW YORK 21. GIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1 Jarrey 1170 ROCKVILLE PIKE - ROCKVILLE, MD. 20852 23. PART I. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** disease or condition resulting in death) RESPIRATOR DUE TO (OR AS A CONSEQUENCE OF) CONGESTIVE CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 TES YES NO PHYSICIAN: HOOPT 25. WAS CASE REFERRED TO MEDICA 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 10 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 8 Could not be 4 Homicide 29s. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. NATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Moeth, Day, Year) BE 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) STEVEN JUL 28 1993

OX 68760,
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P.O
RECORDS
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3 PHYSIC	r this ce	h with th	arked.
TENDING	R: Afte	deal	a is m
OR AT	AL DIRECTO	72 hours after	item 2
OSPITAL	ş	rithig 72	POPTANT: If I
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93 23368 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Fannie OTTO July 22, Ĩ993 6:20 p. m 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 🗌 M 2 🗔 F DAYS HOURS 220-48-8680 67 1925 Oct. 24 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Garrett Co. Memorial Hospital 0akland Garrett 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Garrett Swanton 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Rt. 1 Box 16 21561 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Mexican, Puarto Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: RACE — American Indien, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 7th Housewife/Farmer Home/Farm 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) William Lewis BE Lena Grove 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elsie Aronhalt Box 107 Gormania, WVa. 26720 20a. METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, Stata DATE Rose Hill Cemetery 7/25 Swanton, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home Manklin 32 South Second Street Oakland, MD 21550 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): resulting in death) rebra Vas CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING GV CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 XNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 X NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending М BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be detarmined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(a) and manner as steted. 29b. SIGNATURE AND FITLE OF CENTRIES H 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

2255 Rt. 135 E Mt. LAke Park, MD 21550

IESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Davidson Rondolle

Daniel Miller DO

2 6 1993

31. DATE FILED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	15
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
Lest)		2. DATE OF DEATH MONTH DAY

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN	E	23309
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	F	Raymond Anthon	v O'Bri	en Sr.		July 23,	1993 YEAR	5:05 pm M
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
	220 10 5672	19F77M a Cle	Voc	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cour	try)
	229-18-5673 9a. FACILITY NAME (If not institution, give s	09				Oct. 18, 1		ashington DC
œ				96. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
5	Shady Grove Adven	tist Hospital		I	Rockville	e	Мо	ntgomery
DIRECTOR	10a. STATE 10b. COUNTY	Y	10c CITY	TOWN OR LOCAT	ION			
E	Manuland	m = 2 1 - 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Frederick			nt Airy			1 YES 2 NO
FUNERAL	io. office And Homoer			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
빌	4280 Debora	h_Court			217	771	Unite	d States
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 X KYES	S. ARMEO			NIC ORIGIN? (Specify Yea		E — American Indian, ck, White, alc.
BY	1 Never Married AN Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S	1 TYES	2 NO Specify	m, Puerto Rican, etc.) y:	Spe	
		World War I	I					White
Ë	15. OECEDENT'S EDUC (Specify only highest grade	CATION 16 completed)	Ba. DECEDENT'S L	ork done during mo	st of working	16b. KIND OF BUS	INESS/INDUSTRY	
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Deputy	Assista	ant			
A P		2	Commis			Public F	ildina	Service
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden		
BE (Micha	el J. O'Brien				Mae H. Ma	hanev	
0	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Town		
F	Estella V. O'Br	ien	4280 1	Deborah	Court Mo	ount Airy,	Marylan	1 21771
- 1	20a. METHOD OF DISPOSITION	20b. PI			y 27, 19		ATION - City or T	
	1 Surial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	avel from State cemete	ry, crematory or oth	erplace) Jul	y 27, 19 Cemetery	993		ng, Maryland
1	21. SIGNATURE OF FUNERAL SERVICE LIC		acc or i	22. NAME AN	D ADDRESS OF FA	CILITY	er spir	ig, Maryland
	· 19 0	TV //-		Robert	A. Pump	chrey Funer	al Home	/ mery Avenue
_	- News	Septer	M00335	Pockwi	Ilo Mar	culand 2005	N-290E	mery Avenue
	23. PART I. Enter the diseases, or o	complications that caused the	ne death. Do no	t enter the mo	de of dying, suci	h as cerdiec or respir	ratory arreat,	Approximate
	IMMEDIATE CAUSE (Final	/	. 1	_		/	, ,	Interval Between Onset and Death
	disease or condition	DUE TO OR AS A CO	e Pol	lan le roi	ally in	known et	To logy	
		DUE TO (OR AS A CO	ONSEQUENCE OF	1	1/2	, ,	. //	
Z	Sequentially list conditions,	Non asula	sees Da	nerlest	Pin	hetel Kel	arts	
Ĕ	if any, leeding to immediate	OUE TO (OR AS A CO	DISEQUENCE OF					
2	CAUSE (Disease or Injury	C	100					
분	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF)					
CERTIFICATION	reading in deetily Exst	d						
	PART II. Other aignificant condition	s contributing to death but	not resulting in	the underlying	Cause alven in	Part I. 24a, WAS AN	MITTORRY AND	b. WERE AUTOPSY FINDINGS
CAL		1 3	L 1 /			PERFOR	MED?	AVAILABLE PRIOR TO
		1 1	1)1 × K	14 /41	COIS	1 YES 2	MNO	OF DEATH?
Ξ	rapope	testavidon, Hy	Mondere.	in obse	SLAPH			1 TYES 2 NO
ÿ								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	eck only one)		
Z I	1 - YES 2 - 440	Supportient 2 ☐ ER/Outpatie			5 Residence	8 Other (Specify)		
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME INJU		JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
BY	Natural 5 Pending Investigation				ES 2 NO			
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — building, atc. (Specify)	At home, farm, str	eet, factory, office		28f. LOCATION (Street at	nd Number or Rural	Route Number,
COMPLETED	4 Homicide determined					City or Town, State)		
21	29a. CERTIFIER (Check only	CIAN: To the best of my knowledg	e, death occurred	at the time, data	and place, and due	to the cause(s) and men	nor as stated	
ž I		On the basis of exemination an						e) and manner as stated
	296, SAGRISTURE AND TURGE OF CENTIFIER		2011 2744					
BE	Wash V	Attente - Pl	/ (CI) =	-	29c. LICENSE NUN	BER .	29d. DATE SIGNED	(Month, Day, Year)
2	30. NAME ANO ADDRESS OF PERSON WHO	COMBIETEO CALISE OF PARTY	TO CONT	V2-01	2 13 17	2	63	My 7'5
	1/2- 1	_	7001 DU		11111	un Wesesh	10	20,670
	31. DATE FILED (Month, Day, Year)			List Lide	11 ica C	un rueses he	1,14/	01/0
ł	JUL 2 6 1993	32. REGISTRAR'S SIGNATU	dall-	,		/		
	201 0 1333	- Wall						

281. LOCATION (Street and Number or Flural Plaute Number, City or Town, State)

Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

	PLOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Thours after death. Page 6 may be retained by the hospital or attending physician.	FUNDAME DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit perm	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	STANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OF ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S IMPORTANT: If Item 28 is marked, or I

BY

BE COMPLETED

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it. Pages 1, 2, 3 should

BE COMPLETED BY FUNERAL DIRECTOR 2 PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF I			RTMENT				MENTAL HYGIEN REG. NO	_	93	2337
1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
Philipp	A	. 0 'GT	JLIAN						July 2	9	1993	4:05 am
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH		-270	IPLACE (State or Foreign
102-14-621	3	1 📉 M 2 🗆 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	June 23, 1	923	Count	York, NY
Sa. FACILITY NAME (If not i	nstitution, give	street and number)			9b. CITY	, TOWN (OR LOCAT	ION OF D			JNTY OF D	
Doctor's	Commu	nity Hosp	ital		1	Lanh	am			P	rince	e George's
100, STATE	10b. COUNT			10c CI	TY, TOWN (OR LOCAT	TION					11-54-53
Maryland	Mon	tgomery		100	thes		ion					10d. INSIDE CITY LIMITS? 1X YES 2 NO
100. STREET AND NUMBER		8				-	. ZIP COD	Æ		10g. CI	FIZEN OF V	WHAT COUNTRY?
8936 Bra	admoor	r Drive					208	17			S.A.	
11. MARITAL STATUS	*dillOO1	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13.	WAS DEC			NIC ORIGIN? (Specify Yes			F — American Indian
1 Never Married 2 🗓	Married	FORCES? 1	YES 2 1	NO		if yes, sp	ecity Cubi	en, Mexico	en, Puerto Rican, etc.)	0, 110		E — American Indian, k, White, atc.
3 Widowed 4 Dlv	proed		W.W. II			1 1 163	2 💢 NO	эресн	у.		Spec	White
	EDENT'S EDL		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON of world	ing.	16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5	life.	Do NOT u	work done ise retired.)	during 1110	at or works	ng .				
		4	Di	rect	or				Depart	ment	Sto	re
17. FATHER'S NAME (First, A	fiddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		
Ast	ig Oug	ourlian							Zarouhi N	avru	zian	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AODRES	S (Street a	nd Numbe	r or Rural	Route Number, City or Tow			
Oghda O'Gu	ılian		8	936	Bradn	noor	Dr.	, Be	thesda, Ma	ryla	nd 20	0817
20a. METHOD OF DISPOSIT	on 3 🗆 Ren	noval from Stata	20b. PLACE	matory or r	other plecel						- City or To	
4 Donation 5 Other		OFFICER	Mt. (Comic			ND ADDRE			candi	ria,	Virginia
21. SIGNATURE OF PONERS	A (A)	CENSEE				JOSE	PH G	AWLE	R'S SONS,	INC.		
(ls)	yenk	ector			-	130	Wis	c. A	ve., NW Wa	shin	gton,	DC 20016
23. PART I. Enter the c shock, or h	liséasea, or leart fallure.	complications the List only one cau	t caused the de use on each ilne	ath. Do	not anter	the mo	da of dy	ing, aud	th as cardiac or reapi	ratory a	rreat,	Approximate interval Between
IMMEDIATE CAUSE (FI	nal	Pa	20/10	2 00								Onset and De
resulting in death)	→	a. DUE-10	OR AS A CONSE	OUNCE O	La			_		_	_	
	_	N	401	111	0							10.
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	OUE TO	OR AS A CONSE	QUENCE O	p 1	7	te	2 /	Dural	1	2	
CAUSE (Disease or Inju- that initiated events resulting in death) LAS		OUR TO	OM-AS A CONSE	оченое о	B	601	1	2	- Li	u	/	
PART II. Other significa	ant condition	on contribution to	death but not	mandelm -	in the	- C		abus I	man I as man an	/	100	The second secon
0	OP	0	Seems but not r	eausting	so use us	scierzym	g cause	given in	Part I. 24e. WAS AN PERFOR	MED?	248	WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF GAUS
0	V	3							10,100	W) HO		OF DEATH!
6	oll	n_										

4 🗌 Homicide 1 🕅 CERTIFYING PHYSICIAN: 76 the Dest of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED Month Day, Year)

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. /Specify/

OTHER:

26. PLACE OF DEATH (Check only one)

29c. INJURY AT WORK?
1 YES 2 NO

e 5 🗆 Residence 8 🗀 Other (Specify)

D-10346 30, NAME AND ADDRESS OF PERSON WILL PLETED CAUSE OF DEATH (ITEM 27) (Type, 20710 5632 Annapolis Ohannes Sahakian, MD Bladensburg, MD

31. DATE FILED (Month, Day, Year) 0 1993

25. WAS CASE REFERRED TO MEDICAL

5 Pending Investigation

EXAMINER?

27. MANNER OF DEATH

1 Natural 2 Accident

3 🔲 Suicide

32. BEGISTRAR'S SIGNATURED

HOSPITAL:

28e. DATE OF BUJURY (Month, Day Worl)

DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
		Ploesser				2. DATE OF DEATH	1993	3. TIME OF DEATN 12:30 P M
	221-32-8105	1 M 2 🔀 F) 4 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Qey, Ybar) 26	5 99 DE	HPLACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give stre NATIONAL LUT] RESIDENCE OF DECEDENT				VILLE	ATN	MONTGO	MERY CO.
E I	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	DEL . NEW	CASTLE		WILMIN	IGTON ZIP CODE			LIMITS? 1X YES 2 NO
FUNERAL	7 HILLSIDE RI			Ţ	JNKNOWN		U.S.	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	II yes, spe	ENDENT OF HISPAN Icity Cuban, Maxico 2XXVO Specify	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)		E — American Indian, k, White, etc. WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mos	N st of working	16b. KIND OF BUS		
M M	12		HOM	EMAKER	2	AT	HOME	
BE CO	17. FATNER'S NAME (First, Middle, Last) CHRISTIAN PL	OESSER				ME (First, Middle, Maiden : ATHA BROV		
10	190. INFORMANT'S NAME (Type/Print) REV.DR. REICHAI	RD				ROCKVII		20850
	20a. METHOD OF DISPOSITION X S Burlal 2 □ Cremation 3 □ Remov. 4 □ Donation 5 □ Other (Specify)	al Irom State cem	PLACE AND DATE OF letery, crematory or other	r place)			CATION — City or To	POT PROCESS
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	TARKALE	22. NAME AN	D ADDRESS OF FAC	7/27 WII		N. DEL.
	W MI HAD	PhA		130	0- N S'	TREET, N.V	V. WAS	H.,DC
	23. PART I. Enter the disease, or conshock, or heart fellule. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pren	nor vi	enter the mod	de of dylng, sucl	n ss cerdiec or respir	atory srrest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A rievis 8 clerotic cerelval vascular Disease or Consequence of): Due To (OR AS A CONSEQUENCE OF): A rievis 8 clerotic cerelval vascular Disease or Disease or Coronary Aries y Dreage					3			
ERTIF	that initiated events resulting in deeth) LAST	A .	consequence of:	tery	Dreas	<u>'</u>		
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 248. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO OF						WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		HOSPITAL:		THER:	ACE OF DEATH (Che			
<u>≚</u> ∥	27. MANNER OF DEATN	28e. OATE OF INJURY	28b. TIME C		5 Residence	8 Other (Specify) 28d. OESCRIBE NOW IN	HIEV OCCUPED	
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	WON 1 Y	RK?	280. OESCHIBE NOW IN	JOHY OCCURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, term, atre	et, tectory, office		281. LOCATION (Street as City or Town, State)	nd Number or Rural I	Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle						a) and manner as stated.
	299L SIGNATURE AND TITLE OF CERTIFIER	m			29c. LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)
O BE	(Silvem	PU	10	0366	18	h	23-93
	DR . CHRIST PH	COMPLETED CAUSE OF DEA	GAITH	ERSBUR	G,MD.			
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNA	TURE					

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate bas been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State death with the State was any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3 0 1993

۱-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 11	REGISTRAR		CERT	FICALE (OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	SEYMOUR A. ROT	H, D.D.S.				7 26	AY YEAR 93	5:00r
2	7		E (In yrs. last birthde			7. DATE OF BIRTH	6. Bit	THPLACE (State or Foreig
	090-32-4316	1 <u>K</u>] M 2 □ F	78 YRS	MONTHS DA	YS HOURS MIN.	(Month, Day, Year)	Co	EW YORK
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	WN OR LOCATION OF D		9c. COUNTY O	
DIRECTOR	MONTGOMERY GEN	ERAL HOSP	ITAL	oln	еу		ONTGO	MERY
Ä.	10e. STATE 10b. COUNTY		10c.	CITY, TOWN OR L	DCATION			10d. INSIDE CITY
ā	MARYLAND MON'	TGOMERY		SILVER	SPRING			LIMITS?
A	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNER	2817 VILLAGE	LANE			20906		UNITE	D STATES
5		12. WAS DECEDENT EVER FORCES? 1 V YES				NIC ORIGIN? (Specify Yes		ACE — American Indian,
₽	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		s, specify Cuben, Maxic YES 2XXNO Speci			eck, White, etc. WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade co			'S USUAL OCCU		186. KIND OF BU	SINESS/INDUSTR	1
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	He. Do NO	of work done during use retired.)	g most or working			
P P		5	DE	NTIST		DENT	AL PRA	CTICE
COMPL	17. FATHER'S NAME (First, Middle, Lust)				18. MOTHER'S N.	AME (First, Middle, Maiden	Surname)	
BE	THEODORE ROTH				PAULIN	E NASH		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Str	eet and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	DIZ 10/60
-	LESLIE MILLONES		/50	KAPPUCK	STREET -	RIVERDALE,	NEW YO	KK 10463
	20s. METHOD OF DISPOSITION 1 Burisl 2 Decremetion 3 Remov		Ob. PLACE AND DA				CATION — City or	
	4 Donation Donation Specify)	M	T. COMF	ORT CREI	MATORY	7/28 ALE	XANDRIA	, VIRGINIA
	21. SIGNATURE OF PUNERAL SERVICE LICES	NSEE		22. NAM	E AND ADDRESS OF F	DBERG MEMO	DTAT CIT	ADETC TWO
	1 Mastet	_				DBERG MEMO E PIKE - R		
	23. PART I. Enter the disesses, or co	mpilcations that cause	ad the death. De					Approximat
	shock, or heart failure. Li	st only one cause on a	aach line.				notory arroad,	Interval Bet
	IMMEDIATE CAUSE (Final disesse or condition	Cardin	o Put	Enan	ony A.	noest.		Onset and I
	resulting in death) a.	OUE TO (QR AS	A CONSEQUENCE	OF): /		norest.		Sud
_		Pulme	mony	Ja	eleal.			620
힏	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS CLAROM	A CONSEQUENCE	QF):			1.0	
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	Zuphy	Slava	that	renced	2 60	PD.	1 yes
	that initiated eventa	DUE TO (QR AS	A CONSEQUENCE	959:				110
ERTIFICATION	resulting in death) LAST	Chaon	il "	olles	reco li	se.		170
O	PART II. Other significant conditions							
DICAL	Polycyth Denie		Ch	u Our	Suelle	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FIN AVAILABLE PRIOR TO
	, - gyman)			1 □ YES 2	10/40	OF DEATH?
: ME	-					_		1 - YES 2 1
4	SE WAS CASE PERSONED TO MEDICAL				DI 100 OF BEATH 100	eck only one)		
ICIAN		HOSFITAL:		OTHER:	B. PLACE OF DEATH (C)			
IYSICIAN	EXAMINER? 1 YES 2 NO	Inpetient 2 ER/Out		OTHER:	Home 5 - Residence			
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN		28b. 1	OTHER: 4 Nursing	Home 5 Residence INJURY AT WORK?	8 Other (Specify) 28d. DE\$CRIBE NOW II	NJURY OCCURED	
	EXAMINER? 1 YES 2 DO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. 1	OTHER: 4 Nursing TIME OF 28c. NJURY M 1	Home 5 Residence INJURY AT WORK? YES 2 NQ	28d. DESCRIBE NOW I		
à	EXAMINER? 1 YES 2 100 1 27. MANNER OF DEATN 1 Netural 5 Pending	Inpatient 2 ER/Out	28b. 1	OTHER: 4 Nursing TIME OF 28c. NJURY M 1	Home 5 Residence INJURY AT WORK? YES 2 NQ			il Route Number,
B≼	EXAMINER? 1 YES 2 AO 27. MANNEB OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	26a. DATE OF INJURY (Month. Day, Year) 28a. PLACE OF INJURY building, atc. (Spa	28b. 1 IY — At home, fame	OTHER: 4 Nursing IME OF NJURY M 1 n, street, factory,	Home 5 Residence INJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW II 281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
à	EXAMINER? 1 YES 2 AO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	26a. DATE OF INJURY (Month, Day, Year) 25a. PLACE OF INJURY building, atc. (Spa	Y — At home, fami	OTHER: 4 Nursing IME OF 28c. NJURY M 1 n, street, factory, or a street the time,	Home 5 Residence INJURY AT WORK? YES 2 NO office	28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State)	and Number or Run	
à l	EXAMINER? 1 YES 2 AO 27. MANNEB OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	26a. DATE OF INJURY (Month, Day, Year) 25a. PLACE OF INJURY building, atc. (Spa	Y — At home, fami	OTHER: 4 Nursing IME OF 28c. NJURY M 1 n, street, factory, or a street the time,	Home 5 Residence INJURY AT WORK? YES 2 NO office	28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State)	and Number or Run	
E COMPLETED BY	EXAMINER? 1 YES 2 AO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	26a. DATE OF INJURY (Month, Day, Year) 25a. PLACE OF INJURY building, atc. (Spa	Y — At home, fami	OTHER: 4 Nursing IME OF 28c. NJURY M 1 n, street, factory, or a street the time,	Home 5 Residence INJURY AT WORK? YES 2 NO office	28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, data and place, en	and Number or Run nner ea stated. Id due to the ceus	
BE COMPLETED BY	EXAMINER? 1 YES 2 DAO 27. MANNEB OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	26a. DATE OF INJURY (Month, Day, Year) 25a. PLACE OF INJURY building, atc. (Spa	28b. 1 IY — At home, fam ecfly) wiedge, deeth occoon and/or investige	OTHER: 4 Nursing IME OF 28c. NJURY M 1 n, street, factory, or a street the time,	Home 5 Residence INJURY AT WORK? YES 2 NO office date end place, and due on, desth occured at the	28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, data and place, en	and Number or Run nner ea stated. Id due to the ceus	e(a) and manner ea atat
TO BE COMPLETED BY PHYSICIAN	EXAMINER? 1 YES 2 DAO 27. MANNEB OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	28b. 1 Y — At home, farm ecify) wiedge, death occurrence and/or investigation.	OTHER: 4 Nursing 18 28c NJURY M 1 n, street, tectory, urred at the time, rition, in my opinic	Mome 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and dur n, desth occured at the	28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, data and place, en	nner ea ststed. d due to tha ceus	e(e) and manner ea atat (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE FOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	Ю.	
	1. DECEDENT'S NAME (First, Middle, Last) AMELIA	F.	RODE			2. DATE OF DEATH	23, 19	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	.5, 17	8. BIRTHPLACE (State or Foreig
	132-36-5887	1 🗆 M 2 💢 F	92 YRS.	MONTHS DAYS	HOURS MIN.	Mar. 24,	1901	New York, NY
NO H	9a. FACILITY NAME (If not institution, give some Manor Care Nurs			96. CITY, TOWN Potoma	OR LOCATION OF DE	EATH		nty of DEATH tgomery
5	RESIDENCE OF DECEDENT							-8
Manor Care Nursing Center Potomac Montgo RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Potomac 10c. STREET AND NUMBER 9723 Beman Woods Way 10c. CITY FOODE 10g. CITIZEN C 20854 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 yes, specify Cuben, Maxican, Puerto Rican, etc.)								10d. INSIDE CITY LIMITS? 1 YES 22 NO
A	10e. STREET AND NUMBER	8			of, ZIP CODE		10g. CITI	IZEN OF WHAT COUNTRY?
9723 Beman Woods Way 20854 U.S.A								
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify	fee or No-	14. RACE — American Indian, Black, White, atc.
3 M Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: White								
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPAT work done during n se retired.)	ION lost of working	16b. KIND OF E	USINESS/IND	USTRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housew			Own H	ome	
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mald		
BE C	THE RESERVENCE OF THE PERSON O	oban			Ame1			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1		Code)
	Renee' C. Wilso	n				Potomac,		20854
	1 A Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, crematory or of Parklawn	ther place)		7-27 Ro		City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	ND ADDRESS OF FA	R'S SONS,		
	Les A Hen	huton		5130	Wisc. A	ve., NW	Washir	ngton, DC 2001
NC	23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	a. Due to (on the course to th	bral Va BAS A CONSEQUENCE O	rter				Approximate interval Betwonset and Do
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):								
						24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				400 00 00 00 00			
띯	EXAMINER?	HOSPITAL:	Monday 2 Dos	OTHER:	LACE OF DEATH (Ch			
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day. Year) 28b. TIME OF INJURY WORK? 28b. TIME OF INJURY AT WORK?						/ INJURY OCC	CURED	
rED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF IN building, atc.	tJURY — At home, ferm, (Specify)			281. LOCATION (Stree City or Town, Sta	t and Number te)	or Rural Route Number,
COMPLETED			knowledge, death occurs					ed. e Cause(a) and menner as stated
TO BE C	296. SIGNATURE AND LITTLE OF CENTIFIES 30. NAME AND ADDRESS OF PERSON WH		1	un	D 5	BER 7		ESIONED (Month, Day, Vear) JULY23, 1993
	RAYMOND T. BENA		4115 COLIE		HEATON, 1	D. 20906	-4465	
	31. DATE FILED (Month, Day, Year) JUL 2 6 1993	Julia Davidson	SIGNATURE DE					
	JOL ~ 0 1000							

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1215-0	a netternation
AND 2	a hononital a
BALTIMORE, MARYLAND 21215-0020	her density. Dance & men he enteriored her the honories or neteration of military
RE,	man ha
LIMO	Dane 6
BALT	ar danth

1 - FOR STATE REGISTRAR

CHARLES

31. DATE FILED (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last)

WILSON

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		5. SEX	O. AUE	(In yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF			8. BIRTNPL	ACE (State or Foreign
	276-42-7359	1 🔀 M 2 🗆 F				DAYS	HOURS	MIN.	April		942	Colo:	rado
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							
DIRECTOR	4009 - 63rd Str		Bethesda					Montgomery					
분	10a. STATE 10b. COUN				TY, TOWN		ION					10	Dd. INSIDE CITY
		ntgomery			Bethe	_							XYES 2 NO
	10e. STREET AND NUMBER		101	ZIP CODI			97			AT COUNTRY?			
FUNEKAL	4009 - 63rd Str					20816 United							
2 70	1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES 6 Feb 16	If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, White						American Indian, White, atc. White				
3	15. DECEDENT'S ED	UCATION		16a. DECEDENT"	S USUAL O	CCUPATIO	ON	-	16b. K#	ID OF BUSI	NESS/IND	USTRY	WILLO
<u></u>	(Specify only highest green (0-12)	College (1-4 or 8	+)	(Give kind of life. Do NOT	work done use retired.)	during mo	st of workin	ng					
		5+							U.S	. Der	ot.	of Sta	ate
COMPL	17. FATNER'S NAME (First, Middle, Last)	11-55							ME (First, Midd				
ш	Joseph Piero	ce Re	dick				Mar	gare	t M	lacQua	aid	Wi.	lson
9	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street a		~	loute Number,				
임	Cynthia T. Redio	ck (Wife)	Same	as	#10							
	20a. METHOD OF DISPOSITION 1 Burlet 2 X Cremation 3 Re			PLACE AND DATE			me of		DATE	20c. LOC	ATION —	Cify or Town	, State
	4 Donation 5 Other (Specify)	movel from State		netery, crematory or Suburbar			TV		7-26	Silv	ver S	Spring	n. MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	6		22.	NAME AF	ID ADDRES					ODI III	44 110
	23. PART I. Enter the diseases, or	GWI		M00827					Silve				20910
	resulting in death)	DUE TO	(OR AS A	te (OF):	1	1.00	710.0	7 400				1
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A	CONSEQUENCE	OF):		7.66	7,0-0					
V: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	(OR AS A	CONSEQUENCE (OF): OF):				Part I. 24	. WAS AN A PERFORM	AED?	AA CC	MILABLE PRIOR TO
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO C. DUE TO d	(OR AS A	CONSEQUENCE (OF): OF):	nderlyin	g cause (given in	Part I. 24	I. WAS AN A	AED?	AA CC	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
CIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A	CONSEQUENCE (OF): OF): OF):	26. Pt	g cause (given in	Part I. 24	a. WAS AN A PERFORA □ YES 2	AED?	AA CC	MILABLE PRIOR TO OMPLETION OF CAU F DEATH?
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO c. DUE TO d. Dus contributing to Properties 2 28a. DATE Of (Month, 1)	(OR AS A (OR AS A death b	CONSEQUENCE (OF): OF): OTHE: 4 □ Null	26. PL R: sling Hom 28c. INJ	g cause ç	given in	Part i. 24	a. WAS AN A PERFORA □ YES 2	MED?	AN CC OI	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition	DUE TO c. DUE TO d	(OR AS A (OR AS A death b ER/Out; FinJURY	CONSEQUENCE (CO	OF): OF): OF): OF): OF HE OF HURRY M	26. Pt R: 28c. INJ WO 1 1	Cause of Day of the Court of th	given in	Part I. 24 1 1 26 bck only one) 6 Other (Signature of the control of the	II. WAS AN A PERFORM YES 2 Y	JURY OCC	AN CI	MILABLE PRIOR TO MPLETION OF CAU- F DEATH? YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be datermined	DUE TO c. DUE TO d	(OR AS A (OR AS A (OR AS A death b ER/Outp	CONSEQUENCE (CO	OF): OF): OF): OTHE 4 Num ME OF JURY M street, fac	26. Pt R: sling Hom 28c. INJ W0 1 1 1 tory, office	g cause of Ace of D to 5 IX Re URY AT RK? YES 2 and place	given in	Part i. 24. 1 1 sck only one) 6 Other (S) 28d. DESCRI 28f. LOCATIC City or R	a. WAS AN A PERFORM PERFORM VES 2 VES 2 ODECTLY ODECTL	MED? NO JURY Occurred Number	A Ct OI I I I I I I I I I I I I I I I I I I	MILABLE PRIOR TO MPLETION OF CAU F DEATH? YES 2 NO
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D BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to the significant conditions are successful to th	DUE TO c. DUE TO d. DOS CONTributing to Dos Contributing to 28a. DATE OI (Month, I 28a. PLACE (building) SICIAN: To the best of the basis of	(OR AS A (OR AS A (OR AS A death b ER/Outp	CONSEQUENCE (CO	OF): OF): OF): OTHE 4 Num ME OF JURY M street, fac	26. Pt R: sling Hom 28c. INJ W0 1 1 1 tory, office	G cause of December of Decembe	given in	Part I. 24. 1 1 5 Other (S) 28d. DESCRI 28f. LOCATIC City or R	a. WAS AN A PERFORM PERFORM VES 2 VES 2 ODECTLY ODECTL	JURY OCC	AN CI ON 1 1 CURED Or Rural Rouled. No cause(a) as E SIGNED (M.	MILABLE PRIOR TO MPLETION OF CAUP F DEATH? YES 2 NO te Number,

July Den Strange States

REDICK

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

93 23374

8:00

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximate Interval Between Onset and Death

YEAR

1993

2. DATE OF DEATH DAY JULY 24,

Edward W. Ditto, III, M.D.

32. REGISTRAT'S SIGNATURE

Li Deniem Radalle

93 23375 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July 17, 1993 YEAR Stott Hannah Harding РМ 1:03 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign July 11, 1898 1 🗌 M 2 🕞 F 214-09-2879 Maryland funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Boonsboro 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Fahrney-Keedy 21713 **USA** ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 YES 2 X NO Specify 3 XVIdowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 years Housewife Home at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Gune11 Sally Kennedy BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2750 Virginia Avenue Williamsport, Maryland 21795 Hannah H. Moylan 2 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must New Cathedral Cemetery 7/20 Baltimore, Maryland 4 Donation 5 Other (Specify) examiner 21 MONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY, Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. event, the medicei 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart feilure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition SuB-Dural Hematoma
DUE TO (OR AS A CONSEQUENCE OF): DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati resulting in death) 24-36 Hrs traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING QUE TO (OR AS A CONSEQUENCE OF)-CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAIL ARLE PRIOR TO COMPLETION OF CAUSE 1 TES 24 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h EXAMINER? HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 26a. DATE OF INJURY (Month, Day, Year) 7/14/93 27. MANNER OF DEATH 26b. TIME OF INJURY 7:25 am 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED merked, 1 Natural
2 Accident 5 Pending Investigation fell out of bed 1 YES 2 NO BY 26s. PLACE OF INJURY — At home, ferm, street, fectory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town. State) 3 Suicide 28 is 6 Could not be COMPLETED Nursing Home - Fahrney-Keedy 4 Homicide 8507 mapleville Rd Boonsboro, MD TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTED BE filed within 72 hours at IMPORTANT: If Item 2: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER DI This 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month; Day, Year) BE DO 1062 July 19, 1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

217 W. Washington St. Hagerstown, MD

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Lust) Ingeborg Barbara					2. DATE OF D MONTH July	DAY		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-76-0076	1 □ M 2 🔀 F 64	(In yrs. last birthday) + YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BY (Month, Day, Jan.	Year)	Co	RTHPLACE (State or Foreign unity) st Germany		
TOR	90. FACILITY NAME (If not institution, give a 311 Summit Ave., RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF DEATH Hagerstown					%. COUNTY OF DEATH Washington			
	10a, STATE 10b, COUNT	Υ	10c CIT	Y, TOWN OR LOCA	TION	D. J. J.					
L DIR	Maryland Wash:		gerstow				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
NERA	311 Summit Avenue			21740			G	ERMANY			
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 🔀 NO ATES	NO If yes, specify Cuban, M			ecify Yes o etc.)	В	14. RACE — American Indian, Black, White, etc. Specify: White			
ш	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND	OF BUSIN	ESS/INDUSTR	Y		
APLET	Elementary/Secondary (0-12)	work done during in the retired.) ecleaner		se	1f-e	-employed					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY Walburga Wiedenbauer											
TO B	190. INFORMANT'S NAME (Type/Print) Sonya Long				ond Number or Rural in						
	20a. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20t	PLACE AND DATE netery, cremetory or o COSE HILL	of disposition (A ther place) Ceme te	ame of TY	7-16		erstow	n, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	· ·		HO ADORESS OF FA	HOME			n, Md. 21740		
	23. PART I. Enter the diseases, or	complications that cause									
	shock, or heert failure. iMMEDIATE CAUSE (Final disease or condition	List only one cause on e	ach line.			n aa cardiac (or respira	tory arrest,	Approximate interval Between Onset and Death		
	resulting in death)	DUE TO (OR AS	CONSEDUENCE OF	Disc	616				Lycar		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A	CONSEDUENCE OF	F):							
RTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):							
빙		6.									
EDICAL	PART II. Other significant condition	s contributing to death b	out not resulting	in the underlyle	g ceuse given in		WAS AN AL PERFORM YES 2	ED7	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ						-			1 YES 2 NO		
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 VE 2 NO 26. PLACE OF OEATH (Check only one) THOSPITAL: 1 Inpettent 2 ENOutpatient 3 DOA 27. MANNER OF DEATH 28. OATE OF INJURY (Morth, Day, Year) 28b. TIME OF 1 NJURY WORK? 28c. INJURY AT WORK?											
YSI	1 TES 2 AND	1 - Inpetient 2 - ER/Outp	patient 3 DOA	OTHER: 4 - Nursing Ho	ne 5 A Residence	8 Other (Spe	cify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT DRK? YES 2 ND	28d. OEŞCRIB	E HOW INJ	URY OCCURED			
ETED I	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	' — Al home, farm, (street, factory, offi	:0	281. LOCATION City or Tow		d Number or Rur	al Route Number,		
COMPLE		CIAN: To the best of my know							ne(s) and manner se stated.		
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year											
٥	30. NAME AND ADDRESS OF PERSON WH					67	/	- 7	114/93		
	31. DATE FILEO (Month, Day, Year)	32. BEGISTRAR'S SEAN	179.	7 Hou	ell R	d. D	Z sca	1 hun	MD. 21740		
	I RIUU (who was a few									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSTIAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CEI	RTIFI	CATE OF	DEATH		REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEATH	
	Norma Jean	MAKER			монтн Ju	_ D/	5:30 p.mw					
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest b	irthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		TA 15	199		19LACE (State or Foreign	
	220-26-9445	1 🗌 M 2 🔀 F	61		MONTHS DAYS	HOURS MIN.		, Day, Year)	1932	Counti	ryland	
_	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN C	R LOCATION OF	DEATH		9c. COU	NTY OF D	EATH	
PE	Garrett County Me	Garrett County Memorial Hospital							Ga	rret	t	
ĕ	10a. STATE 10b. COUNTY		0	10c. CITY	TOWN OR LOCAT	ION					10d. INSIDE CITY	
	Maryland Gar	rett		(Dakland						LIMITS? 1 YES 2 NO	
NERA	Rt. 4 Box			10f			WHAT COUNTRY?					
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 🔀 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 100	D	If yes, spe	ENDENT OF HISPA relity Cuban, Mexic 2 ANO Spec	an, Puerto R	IC ORIGIN? (Specify Yes or No— 14. 1, Puerto Rican, etc.)			RACE — American Indian, Black, White, atc. Specify: White	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed	16a. DECE	DENT'S L	SUAL OCCUPATION	DN .	16b.	KIND OF BUS	SINESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use	ork done during mo: retired.)	st of working						
COMPLETED	10th	-	Но	user	wife			I	Iome			
	17. FATHER'S NAME (First, Middle, Last)		W: 1	1		1a. MOTNER'S N						
띪	John		Michae			Edn					Cline	
2	Deborah J. Cruml	AV				nd Number or Rural						
ŀ		-			FDISPOSITION (Na		OATE					
Ì	20a, METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	tory or oth	er place) g Cemet		7 / 18							
Ü	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		GCOI	the same of the sa	D ADDRESS OF F		3 3w	ancon	.1 , FI	arytanu	
	+ Frankling H	Cunto				rt Fune			0 1		ND 01550	
	23. PART I. Enter the diseases, or o	ompilcations that cau	sed the daet	n. Do no	t entar the mo	de of dving su	ond S	treet	Uak	land	, MD 21550	
	shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Multiple	Myelo	na					,	out,	interval Between Onset end Deeth 10 years	
_		DUE TO (OR A	A CONSEQUE	NCE OF)								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR A	S A CONSEQUE	NCE OF)							1	
3	cause. Enter UNDERLYING										į	
	CAUSE (Disease or Injury that initiated events	OUE TO (OR A	S A CONSEQUE	NCE OF)								
	resulting in death) LAST	l										
- 10	PART II. Other aignificant condition	contributing to deat	h but not res	uiting in	the underlying	Cause given in	Part i.	24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS	
DICAL	Cholesteotoma I	Right ear;	COPD;	CVA;	Phlebi	tis of		PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	legs; aphasia;	seizure					_	1 YES 2	X		OF DEATH? 1 ☐ YES 2 ☐ NO	
											X	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORRITAL				ACE OF DEATH (C	heck only one)				
	1 TES 2 NO	HOSPITAL:	Outpatient 3 🗆		OTHER: I Nursing Nome	5 🗆 Rasidence	6 🗆 Other	(Specify)				
E	27. MANNER OF DEATH	(Month, Day, Yea	RY 2	6b. TIME INJU	OF 28c. INJU	JRY AT	28d. 0E\$0	CRIBE HOW IN	JURY OCC	URED		
2	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆 Y	ES 2 NO						
COMPLETED	3 Suicide a Could not be detarmined	28e. PLACE OF INJU building, etc. (S	JRY — At home, Specify)	term, str	eet, factory, office		281. LOCA City o	TION (Street a r Town, State)	nd Number	or Rural R	oute Number,	
ן י	29a. CERTIFIER Check only	IAN: To the best of my kr	nowledge, death	OCCUPTED	at the time date	and place, and do	a to the cour	als) and mo-	not ac etc.	vd		
2		t: On the basis of axamini									and marrier as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER		. /	1		29c. LICENSE NU		T			(Month, Day, Year)	
O BE	margare	x 1	KIII	An	11	D26650)			//16		
=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 2	n (Type, F	rine					, 20,		
		486, Oakla			550							
	31. DATE FILED (MONTH) Day Year) 199	32. FEGISTRABIS S	GNATURE	2.00								

3. TIME OF DEATH

REG. NO

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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BOX
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RECORDS
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ISION
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John Schonfeld Schonfel 2. DATE OF DEATH 11:18 AM hr 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 48 DAYS HOURS 1 🔯 M 2 🗌 F 214-48-7482 22 1944 Oct New York City detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3935 Tynewick Drive Silver Spring Montgomery 10h COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 X YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3935 Tynewick Drive 20906 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2HO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) Manager Food/Transportation once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Otto Schonfeld 8 Ħ Johanna H. Teufert BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Johanna H. Teufert 3935 Tynewick Dr. Silver Spring, Md. 20906 pe 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Ft. Lincoln Crematory 7/30/93 Brentwood, Md. examiner 21. SIGNATURE OF BUNERAL SERVICE DCENSES 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave. Silver Spring, Md. the medical DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or remoten a set is marked, or Item 23 shows any Injury, or other traumatic event, the medical 23 PAST i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fellure. List only one ceuse on eech line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition a voluciosa lur iseuse. resuiting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 _ YES 2 _ NO 1 TES 2 NO PHYSICIAN: AMP. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? The 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO OR ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 atural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. HOSPITAL FUNERAL within 72 h IMPORTANT: 11 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end manner ee stated. within 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. OATE StGNEO (Month, Day, Year) 日日日 2 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) W SUR 1200 0 WIZ LENSIN 12. REDISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year, 3 0 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ours after death. Page 6 may be retained by the hospital or attending physician. executed within the death certificate be requires that

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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OTHE MISSING ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	THE FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	e filed any 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APPRIANT If them 28 te marked or them 23 chance any failury or other traumatic areast the marked avamines mu-
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	1. DECEOENT'S NAME (First, Middle, Last)	ANTINE							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN
	SOROKIN, CONST		Α.						. 07	28 93	3	1000 A M
	049-24-1150	5. SEX	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	03	8. BIRTHPL Country)	Russia
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY.	TOWN 0	R LOCATI	ON OF DE			ITY OF OEA	
8	WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY											
뎞	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	7		I soc CIT	Y, TOWN O	D LOCAT	ON					
DIRECTOR	MD PRI	NCE GEO	ORGE"S				VIL	LE				LIMITS?
	10e, STREET AND NUMBER					10f.	ZIP COD			10g. CITIZ	ZEN OF WH	AT COUNTRY?
FUNERAL	6805 WELLS PKWY 20782											.A.
	11. MARITAL STATUS 1 Never Married 2 XX Married		YES 2 X		1 1	f yes, spe	cify Cube	n, Mexica	IC ORIGIN? (Specify You, Puerto Rican, etc.)	os or No-	14. RACE - Black, 1	- American Indian, White, etc.
BY	3 TX Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		'	☐ YES	2 NO	Specify	7		Specify:	C (White)
ETED	15. DECEDENT'S EDUI (Specify only highest grade		18a. DE	ECEDENT'S	USUAL OC	CUPATIO	N t of workin	ng	16b. KIND OF B	JSINESS/INDI	USTRY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5+							Univers	sity o	f Mar	cvland
once.	17. FATNER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Middle, Maide			,
ed at	Alexei Soro	okin					Ţ	Jnkno	own			
10	196. INFORMANT'S NAME (Type/Print) Mr. Roman Soroki	in	19	6. MAILING	ADDRESS	(Street ar	od Number	or Rural R	noute Number, City or To	wn, State, Zip	Code)	12 220/1
8			20b. PLACE							DCATION - C		
mana	29p. METHOD OF DISPOSITION 1 43 Burlel 2 Cremation 3 Remarks 4 Donation 8 9 9 (her (Specify)	oval from State						Cem.	7/31/93			Le, N.Y.
uluer	21. SIGNATURE OF PUNERAL SERVICE CR	EMEE .						SS OF FAC		T	11000) N II.
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edica	23. PART . Enter the disesses, or o shock, pr heart feilure.	complications that	caused the de	eath. Dp r	ot enter	the mod	le of dy	ng, such	ss cardiec or ree	piratory srre	eat,	Approximate interval Between
E E	IMMEDIATE CAUSE (Finel disease or condition	60	11.1	. 0.		0		1	1_			Onset and Death
ent,	resulting in death)											
any injury, or other traumatic event, the medical examiner must be notified at once. DICAL CERTIFICATION TO BE COM	Acute Mnocardial Interction											
r other traumatic	If any, leading to immediate											
FIC.	CAUSE (Disease or injury that initiated events	OUE TO	ON OL		5:	777	wy	رك	neux			
er of	resulting in deeth) LAST	d					/					
njury, a	PART II. Other significent condition	e contributing to	deeth but not r	recuiting i	n the un	derivina	ceuse o	iven in	Part i, 24s. WAS A	N ALITOPSY	24b W	/ERE AUTOPSY FINDINGS
any inju									PERFO	RMED?	Al Ci	MAILABLE PRIOR TO COMPLETION OF CAUSE
shows a										. 12/110		F DEATH?
60												
틸딩	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	HOSPITAL:		G	OTHER	1:			ck only one)			
	27. MANNER OF DEATN	1 inpetient 2 2 28a. OATE OF	INJURY	28b. TIM	E OF	28c. INJU	RY AT	sidence	8 Other (Specify) 28d. OE\$CRIBE HOW	INJURY OCC	UREO	
marked. BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ry, Year)	INJ	URY M	WOF	K? ES 2 [NO				
<u></u> □ 0	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — At ho	me, farm, s	treet, facto	ory, office			281. LOCATION (Street City or Town, State		or Rural Rou	rte Number,
2												
ANT: If ite	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE											
S	2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFIEN	N. OII (III) DESIGN OF EX	ammanon and/or	Investigatio	n, in my op	olnion, de						
D BE COMPLE	THE OF SERVICE	12	wy	Y_	M:	1).	AAC. LICE	2 2	549	29d. DATE	SIGNED (M	Sonth, Pay, Year)
<u>₽</u>	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED GAUS	E OF DEATH (ITE	M 27) (Type,	Print)	-12	1		0	10	1	/ / /
	4.17.01N)/	1.D. 6	5/0/	Keni	lwo	WTh	AL	re	KIVERd	ale.	M.C	1.20737
	JUL 3 0 1993	Julia Davido	on-honda									

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-20-5990

1. DECEDENT'S NAME (First, Middle, Last)

Pauline Audrey Shuck

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JIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Montgomery General Hospital Olney RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 15101 Interlachen Drive 20906 24 hours after death. Page 6 may be retained by the hospital or attending physician. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 1 Never Married 2 Married If yes, specify Cuben, Maxican, Pu 1 TES 2 X NO Specify: BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) ò Elementary/Secondary (0-12) College (1-4 or 5+) 12 detached Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Collie C. Honeycutt page 5 should be BE Callie Ada Mize notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert R. Shuck 1617 Gamewell Road Silver Spring, Maryland 20905 e 20g, METHOD OF DISPOSITION
1 IX Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must director, cemetery cremetory or other piece)
Frostburg Memorial Park 7/30/93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A Pumphrey Funeral Home/Rockville Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 the funeral Will E Boven M00672 medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, filled in by shock, or heart fallure. List only one ceuse on each line ŏ **IMMEDIATE CAUSE (Final** the cremation, disesse or condition and completely fi bunal, crematio resulting in death) within event. DUE TO (OR AS A CONSEQUENCE OF) executed traumatic Nie CERTIFICATION and Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): prior to if sny, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to 2 otoWake certificate CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 death Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Health and any ned 1 TES 2 NO Shows been . PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? The The Item 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 ☐ Inpatient 2 🖹 ER/Outpatient 3 ☐ DOA OTHER: 1 TYES 2 NO me 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED After this c 1 X Netural 5 Pending M 1 YES 2 NO BY 2 Accident ATTENDING 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be detarmined 90 COMPLETED HINERAL DIRECTOR: Within 72 hours after 4 Homicide 28 Item 8 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(a) and manner ea stated. SPITAL = 2 _ MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MPORTANT: 296. SIGNATURE AND TITLE OF CENTURER 29c. LICENSE NUMBER BE 200 D35261 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John M. Yackee M.D. 3801 International Drive, #210 Silver Spring, MD 20906-1550 RESTRAR'S SIGNATURE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

7. DATE OF BIRTH (Month, Day Year

6. AGE (In yrs. last birthday)

YRS.

82

93 23380 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH
JULY 27, DAY 1993 3. TIME OF DEATH YEAR 9:00 A. M 8. BIRTHPLACE (State or Foreign March 9,1911 North Carolina 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 TYES 2 X NO 10g, CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc. White 16b, KIND OF BUSINESS/INDUSTRY Own Home 20c. LOCATION - City or Town, Stata Frostburg, Maryland Approximats interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

July 28, 1993

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ERTIF	CATE OF	DEATH	P	REG. NO.			
- 8	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATN
. 1	FREDERICK	Α.	SUNDER	MANN			JULY 2	22.10		YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I		,,,,	a BIDTI	IPLACE (State or Foreign
	081 16 3868	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Da	ly, Year)	110	Count	(Y)		
	9e. FACILITY NAME (If not institution, give str	1 M 2 F	74		AL OFFICE TOWN	OR LOCATION OF D	AUG. 1	14,15			YORK
Œ	16608 BRIARDALE						DEATN			NTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT	ROAD			DE.	RWOOD			M	ONT.	
S	106. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY
뜽	MD	MONT.			SINGTON				LIMITS?		
	10e. STREET AND NUMBER	TONI.				M. ZIP CODE					1X YES 2 NO
A		CEDELE			1"						WNAT COUNTRY?
FUNERAL	4317 GLENRIDGE			20895						U.S.	Α.
윤	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A		13. WAS DE	CENDENT OF HISPA pecify Cuban, Mexic	NIC ORIGIN? (S	pecify Yee	or No-	14. RACI	E — American Indian, k, White, etc.
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	4 0000000000000000000000000000000000000										WHITE
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	Elementary/Secondary (0-12)	College (1-4 or 5 +)	le. Do NOT us	•		i				
M M		4	VI	CE PR	ES. BANI	ζ		BAN	KING		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	AME (First, Middl	le, Melden	Surname)		
BE	Frederic	ck Sund	ermann				FI	lorer	ice n	ee B	uhrig
0	19e. INFORMANT'S NAME (Type/Print)		1	96. MAILING	AODRESS (Street	and Number or Rural	Route Number, C	City or Town	, State, Zip	Code)	
٦	Celeste Sunderman	nn		4317	Glenrid	ge St, K	ensingt	on.	Marv	land	20895
	20a. METHOD OF DISPOSITION	TI 445	20b. PLACE	E AND OATEO	F DISPOSITION (N		DATE		CATION -		
-	1 Buriel 2 N Cremation 3 Removed Donation 5 Other (Specify)	val from State	cemetery, c	Comfo	rt Crema	atory	7-26				Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICE	PISEE	1 1101	COMITO		ND ADDRESS OF FA	I/-ZU	Ale	xanu	rra,	virginia
	· / 16:1	1 ,			JOSE	PH GAWLE	R'S SON				
_	Cont HU	relection			5130	WIsc. A	ve., NW	V Wa	shin	gton	, DC 20016
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that	caused the c	leath. Do n	ot anter tha me	ode of dying, suc	ch as cardiac	or raapi	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Final	iat only one cau	se on sach ili	Hal.							Interval Between Onset and Death
	disease or condition resulting in death)	91	Rlos	h							1 201
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONS	EOUENCE OF):						
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MEDICAL	PART II. Other significant conditions	contributing to	death but not	reaulting in	the underlyin	g cause given in	Part I. 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS
용표	gewented							YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE
<u> </u>	Packinson	2					_ '		A. Commercial		OF GEATH?
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¥∥	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIME		IURY AT					
ā.	1 Natural 5 Pending	(Month, De		INJU	RY WO	PRK?	28d. DESCRIE	BE NOW IN	IJURY OC	CURED	
B	2 Accident Investigation					YES 2 NO					
	3 Suicide 8 Could not be 4 Nomicide determined	building,	etc. (Specify)	ome, farm, st	reet, factory, offic	•	28f. LOCATION	N (Street e. wn, State)	nd Number	or Rural F	loute Number,
	- Commission										
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of	my knowledge, d	leath occurred	at the time, date	end place, end due	to the cause(e)) end men	ner ee atal	ed.	
one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner as state							end menner as stated.				
H	Edward Davids	~ ~ 6	1			LAC FICENSE NO	MOEN				(Month, Day, Year)
2									J	OLY .	42,1993
L 10	30. NAME AND ADDRESS OF DEDRON WILL	COMPLETED CALL	E OF DEATH								
	30. NAME AND ADDRESS OF PERSON WHO										
	EDWARD TAUBMAN	M.D. 1	811 PR	INCE P	HILLIP	DR. OLN	EY, MD	208	33		
		M.D. 1		INCE P		DR. OLN	EY, MD	208	33		

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THE STATE OF ALL STATES OF THE	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
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		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIEN REG. NO		0 20002		
		1. DECEDENT'S NAME (First, Middle, Last) ELLEN COYNE	STICHMAN				2. DATE OF DEATH DO JULY 28, 1	993	3. TIME OF DEATH 1:50 p.m.M		
Pin		4. SOCIAL SECURITY NUMBER 579.58.3266 98. FACILITY NAME (If not institution, give si	1 🗆 M 2 🕸 F	53 YRS. MON			7. DATE OF BIRTH (Month, Day, Year) March 20.	1940 N	NRTHPLACE (State or Foreign Country) (EW YORK		
1. 2, 3 should	TOR	THE JOHNS HOPKI				RE CITY	тн	BÂLTII	MORE CITY		
permit. Pages	DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCAT	ON D.C.			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
15	FUNERAL	4600 LINNEAN AVE				2000E 20008		U.S.	OF WHAT COUNTRY? A.		
21215-0020 al or attending physician. for use as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 ANO		cify Cuban, Maxican.	C ORIGIN? (Specify Yes, Puerto Rican, atc.)	200.00	RACE — American Indian, Black, White, atc. Specify: White		
(A = 5	I I	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	16s. DECEOENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos red.)	st of working	16b. KIND OF BUS	SINESS/INDUST	PY		
IARYLAND 2 itained by the hospital should be detached to itified at once.		17. FATHER'S NAME (First, Middle, Last)	5	Special	Educat		E (First, Middle, Maiden	,			
2 2 2 2		Marshall Coyn 190. INFORMANT'S NAME (Type/Print) Eugene Stichman	e			nd Number or Rural Ro	Sylvia She	n, State, Zip Code	0)		
TORE, e 6 may be rector, page		20a. METHOD OF DISPOSITION 1 Burlal 2/5 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State cem	4600 Lin PLACE AND OATE OF DIS petery, crematory or other p It. Comfort	SPOSITION (Nar	me of		CATION — City			
BALTIMORE, ter death. Page 6 may be the funeral director, page yeal.		21. SIGNATURE OF FUNERAL SERVICE LIC	Parie E	030)	Joseph	o address of faci h Gawlers	Sons	Wash	ington D.C.		
24 hours af filled in by on, or rem		23. PART I. Enter the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse on e	ech line.	nter the mod	de of dying, such	Avenue N as cardiec or respi	ratory errest,	20016 Approximata intervel Batween Onset and Death		
760, ed within ompletel il, crema	z	resulting in death)	A A	CONSEQUENCE OF):	DETA	T (ARC	ı No m A		Hus		
O. BOX 68 ertificate be executing physician and crigiene prior to burian other traumatic.	CERTIFICATION	Sequentially list conditions, If sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury C									
P th	CERTIF	that initiated events resulting in death) LAST	J	CONSEQUENCE OF):							
SECORI equires that the en signed by of Health and hows any la	: MEDICAL	PART II. Other significent conditions	s contributing to death b	ut not resulting in th	e underlying	ceuse given in P	art I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
F VITAL F SICIAN: The law r certificate has be in the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Chec		1			
//SION OF VI ATTENDING PHYSICIAN: ECTOR: After this certifics s after death with the St 28 is marked, or it	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR	PRY AT	28d. OEŞCRIBE HOW II	IJURY OCCURE	0		
DIVISION OR ATTENDING F DIRECTOR: After t hours after death	ED	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec	— At home, term, street,	factory, office		28t. LOCATION (Street a City or Town, State)	nd Number or Ru	irel Route Number,		
	COMPLET		CIAN: To the best of my knowl 1: On the basis of examination						ise(a) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	29b. SIGNATURE AND THE OF CERTIFIER	Varis			29c. LICENSE NUMB	82	29d. OATE SIG	28/93		
40	,-	30. NAME AND ADDRESS OF PERSON WHE LCU	Jorris	JOHNS	1.1	KINS 1-	OSPITAL	-			
		JUL 3 0 1993	32. REDISTRAR'S SIGN	indell							

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. N	IO.				
3	1. DECEDENT'S NAME (First, Middle, Lest) Fred J. Scal	FRED JOSI	EPH SC.	ANLAN		2. DATE OF DEATH MONTH July 28	1995	3. TIME OF DEATH 6:10 A			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER t YE	AR IF UNDER 24 HRS.	July 28		BIRTHPLACE (State or Foreign			
	577-40-9586	1½ M 2 □ F 90		MONTHS DAY		(Month, Day, Year) MARCH 5,		Country) IEW YORK			
	9e. FACILITY NAME (If not institution, give		·	9b. CITY, TOV	VN OR LOCATION OF D		9c. COUNTY				
OR	Montgomery Ge	neral Hosp:	ital	0	lney		Mont	gomery			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY			
PE	MARYLAND MONT	GOMERY		VER SP				LIMITS?			
A P	10e. STREET AND NUMBER		1 011	VER DI	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	15320 PINE ORCH	LARD DRIVE,	#2-F		2090	6	USA				
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS	DECENDENT OF HISPA , specify Cuban, Mexic	NIC ORIGIN? (Specify	Yee or No- 14.	RACE — American Indian, Black, White, etc.			
B	3\ Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 NO Speci			Specify: WHITE			
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 18b. KIND OF BUSINESS/INDUSTRY								
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working						
COMPL	12		MILITAR	Y OFFI	CER	U.S. 1	U.S. NAVY				
, –	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid	en Surneme)				
	CORNELIUS 190. INFORMANT'S NAME (Type/Print)	SCANLA		ADDRESS (Co.	CECILI.		CARY				
TO BI		ER (DAUGHTER			AVENUE,						
	204, METHOD OF DISPOSITION	206	PLACE AND DATE	OF DISPOSITION	(Name of	DATE 20c	OCATION - CIN	NY 10023 or Town, State			
	1 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Cen	LINGTON	NATION	AL CEMETE	RY 8/3 ARI	LINGTON,	VA			
	21. SIGNATURE OF FUNERAL SERVICE LA	PASEE ////	//	22. NAM	IS J. COL	CILITY					
	Mark	Miller	2	300 U	NIVERSITY	BLVD., W.	, SIL.	SP., MD 20			
	23. PART I. Enter the diseases, or	complications that caused List only one cause on a	d the death. Do	not enter the	mode of dyling, suc	th as cardiac or res	piratory srrest,	Approximate			
	IMMEDIATE CAUSE (Finel					. (^	,	Interval Bet Onset and I			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sepsis Onset and Deat Onset and										
CERTIFICATION	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
S	csuse. Enter UNDERLYING CAUSE (Disease or Injury	a Obstruct	ina co	cdon							
틸	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							
병		d									
	PART II. Other eignificent condition	s contributing to deeth b	out not resulting	in the underl	ing cause given in	Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO			
EDICAL						1 _ YES		COMPLETION OF CAL			
2								1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL				-						
PHYSICIAN:	EXAMINER?	HOSPITAL:	erilent 3 🗆 pos	OTHER:	PLACE OF DEATH (C)						
Ŧ	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT	28d. DESCRIBE HOY	/ INJURY OCCURE	ED .			
ВУР	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJ	URY M 1 (WORK? YES 2 NO						
	3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spec	- At home, farm, s	treet, factory, o	ffice	26f. LOCATION (Stree City or Town, Sta	et and Number or R	tural Route Number,			
ETE!											
COMP	29a. CERTIFIER (Check only one)	CIAN: To the best of my know	ledge, death occum	d at the time, o	late end place, end due	to the cause(e) end m	anner as stated.				
8		R: On the basis of exemination	n and/or investigatio	n, in my opinio	n, death occured at the	time, data end piece,	end due to the ca	use(e) end menner es state			
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	4 4			29c. LICENSE NU	WBER O	29d, DATE SIG	MED (Month) Day, Year)			
5	30. NAME AND ADDRESS OF BERSON WH	O COMPLETED CAUSE OF DE	ATH OTEM 27 C	Onint)	PSYX	12	1 //	28/93			
	Danise J Hunt ~	18/11 0	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	rink)	2- 11-	mana	822	Cub 22.			
	31. DATE FILEDY (Month , Char)	1 1/1 32 DECYSTRANCE ARCH	WORK -	MIP L	1. VINEY	1111 do	0200	JUIN Jal			
	JUL 4 9 1993 9										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1		4 DECEMENTS HAVE	ALAM T		-	<u> </u>		_ 01	DEAII	•	HEG. NO			
			1. DECEDENT'S NAME (First, I	widdle, Last)								DATE OF OEATH	ΑY	YEAR	3. TIME OF CEATH
			MARY	ALIC	E SPR	IGGS						JULY 23,	1993	100	12:10 A M
			4. SOCIAL SECURITY NUMBE	R	5. SEX	8. AGE (h	n yrs. last birthdi	y) IF UNC	ER 1 YEAR	IF UNDER 24	HRS. 7	DATE OF BIRTH		0. BIRTH	PLACE (State or Foreign
			579-14-2810	0	1 🗆 M 2 📝 F	72	YRS	MONTH	DAYS	HOURS I	MIN.	(Month, Day, Year) NOV. 20, 19	20	Country	HINGTON, D.C.
	should		9a. FACILITY NAME (If not inst		- 21	12		95 CI	TV TOWN	OR LOCATION				NAST	
	3 sh	oc				T		30.01			OF DEAT				
	, ,	DIRECTOR	MONTGOMERY	GENE	RAL HUSP	LTAL			- 0	LNEY			Mo	ONTGO	DMERY
	es 1,	8		10b. COUNT	r	-	10c.	CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
	2	뜻	MARYLAND	MOI	NTGOMERY										LIMITS?
	permit. Pages		10e. STREET AND NUMBER	PIOI	NIGOMERI			RUCK	VILL						1 YES 2 NO
		₹ I							10	H. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
6	ansi	9	13210 DUMBAI	RTON 1	DRIVE				-	208	353		U	.S.A	
Sici	burial-transit	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED	-13	3. WAS DEC	CENDENT OF	HISPANIC	ORIGIN? (Specify Yes	a or No-	14. RACE	— American Indian, t, White, atc.
5-0020 nding physic	2	BY	1 Never Married 2 No 3 Widowed 4 Divorce		IF YES, GIVE V				1 TES	S 2/2 NO	Specify:	-uerto Hican, etc.)		Specif	
5-C	as the				<u> </u>									WHI	ITE
2121 al or atte	nse	E	15. OECEI (Specify only i	DENT'S EDU	CATION completed)		16a. DECEDEN (Give kind			ON ost of working		16b. KIND OF BU	SINESS/IN	DUSTRY	
2 2	Ď	Ш	Elementary/Secondary (0-1	2)	College (1-4 or 5	+)	life. Do NO	use retired)	•		1			1
Ospidso	thed a	MP.	12				SECRETARY					TAX C	OURT		
A P	detached once.	COMPLETED	17. FATHER'S NAME (First, Mid	dle, Lest)						18. MOTHER	R'S NAME	(First, Middle, Melden	Sumame)		
7	ತಿ ಕ		VINCENT A.	EGAN						FI	OREN	ICE SURGU	Y		
MARYLAND 21215-0020 retained by the hospital or attending physician.	5 should notified	BE		. INFORMANT'S NAME (Type/Print)								te Number, City or Tow		n Code	
		2	BETTY M. COI	WAY								ROCKVILL			ND 20853
m, §	be page		20a. METHOD OF DISPOSITIO			206	PLACEANDDA				LVE				
0 9	ector, p		1 Donation 5 Other (5		oval from Stata	ceme	etery, crematory	r othar plac	a)		<u>i</u>	17 110 20 210 27 25 25 25 25			-1.00
BALTIMORE, nours after death. Page 6 may be			21. SIGNATURE OF FUNERAL	,	ENSEE	- 110	RT LIN			NO ADDRESS	05.5400	726 BRE	NTWO	DD, M	LARYLAND
F	tuneral di I. examiner	1		•	7 51	_	1 1					INS FUNE	RAT. I	HOME.	TNC
A P	al. exa		Way	vv	1 H	.)	all								,MD. 20901
s afte	or removal		23. PART I. Enter the dis-	eeses, or o	complications the	t caused	the death. D	not ente	er the mo	ode of dying	, auch a	s cardiec or resp	iratory an	rest,	Approximata
Moura :	niled in by on, or remo		snock, or nee	ert fallure.	List only one ceu	ise on ee	ch line.					•			interval Between
24	the the		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CatBut Doscelar Bisease Oue to (or as a consequence of): The Chaire Bisease Consequence of the condition o												
0	ompletely file if, cremation, event, the		resulting in death)	3	a. OUE TO	(OR AS A	CONSEQUENCE	0 0	002	sc ce 10	av	4	20 0	- 26	
68760, executed within	burial, cremation, atic event, the				002 10	(On AS A	CONSCIOENCE	OFJ:	0	1 2	4	- 1-	0 1		
ယ္မွ	3 5 5	CERTIFICATION	perquentially list conditions,												
X a	prior to	F	if any, leading to immedicause. Enter UNDERLYIN		552.10	(011 A3 A	CONSCOUENCE	Orj.							
Cale	er t	임	CAUSE (Disease or injury		C. OHE TO	IOD AC A	CONSEQUENCE	OD:							
O S	ygier a	Ē	that initiated events resulting in death) LAST	- 1	402 10	(On AS A	CONSEQUENCE	OF):							
Q €		!!!!			d										
CO O	문문들	- 11	PART ii. Other aignificant	condition	a contributing to	deeth bu	t not reaultin	g in the i	underlying	g ceuse give	en in Pa	rt i. 24e. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
00	and and	EDICAL		300	a boto	20	he	666	tres			PERFOR	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Health a							- 100	1000	140		1 TYES 2	TOCHO		OF DEATH?
PE.	of H	Σ										-			1 TES 2 NO
OF VITAL RE	certificate has been the State Dept. of I, or Item 23 sho	HYSICIAN:													
VITAL CIAN: The law	ate C	5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			T 07111		LACE OF DEAT	TH (Check	only one)			
> 1	or it	S	TES 2 NO		Inpatient 2	ER/Outpa	tlent 3 🗆 DO/	OTHE		ne 5 🗆 Raside	lence 6	Other (Specify)			
OF	with th	F	27. MANNER OF DEATH		26a. DATE OF (Month, D	INJURY	26b. 1	IME OF	28c. INJ		28	d. DESCRIBE HOW I	NJURY OC	CURED	
7 1		>	1 Negleral 5 Pe	ending vestigation	-	4-6	12/2	W.TIES W	1 🗆	YES 2	6	->1	IL-		
O N	00 O	9	2 Descripto	ould not be	28a. PLACE O	F INJURY -	- At home, farr	, street, fa	ctory, offic	:0	28	I. LOCATION (Street	and Number	r or Rural R	oute Number.
DIVISION OR ATTENDING F	hours after death	Ē		termined		elc. (Specif	1	lom	9			City or Town Stete)	149		H- 55-
VIC A RO	Hours Hem	9	29a. CERTIFIER								17		-		W 33.
Z :	# 22 H	P P	(Check only									the cause(a) and mai			
HOSPITAL	within 72 t	COMPLE	2 MEOIC	AL EXAMINE	R: On the basia of e	xamination	and/or investig	tion, in my	opinion, d	death occured a	at the tim	e, data end place, en	d dua lo th	sa ceuse(a)	and manner as stated.
五 年 5	De filed within IMPORTANT:	BE	296. SIGNATURE AND TITLE O	F CERTIFIER	1			^		29c. LICENS	E NUMBE	R	29d. DAT	E SIGNED	(Month, Day, Year)
CH I	Z % □	0 8	2	. 1	Jan L	_	~	$\langle \rangle$		To	2	246	17	-2	5-92
		F	30. NAME AND ADDRESS OF F	ERŞON WH	O COMPLETEO CAUS	SE OF OEA	TH (ITEM 27) (7)	pe, Print)			10	-10		-3-0	Thoras W
- 4	5		14 das	i	au 6	25	<	52	18)	(0) i	SC	ansias	A	الم	Common .
_			31. DATE FILED (Month, Day, Ye	ar)	0						_ ~	N		-	
	- 1	1	1111 2 6 19	d3	Julia David	301-17°	MICHIGA								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

AFFINOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ial, cremation, or removal.	event, the medical examiner must be notified at once.	
TO THE PROCPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a	be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM CERTIFICA			HENTAL HYGIENE REG. NO.		- 20000		
	1. DECEDENT'S NAME (First, Middle, Last) ELAINE	В.	SWEENEY			2. DATE OF DEATH JULY 25	1993	3. TIME OF DEATH		
		1 🗆 M 2 🙀 F	75 YRS. MON			7. DATE OF BIRTH (Month, Day, Your) MARCH 13,191	8 IOV	VA		
CTOR	BEDFORD COURT NURS				SPRING	NTH 9c.	MONT(GOMERY		
- DIRECTOR	MARYLAND MONTO 10a. STREET AND NUMBER	GOMERY	10c. CITY, TO		ER SPRIN			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	3330 NORTH LEISURE	E WORLD BL'			20906	C OFFIGIN? (Specify Yes or No	Į	JSA E — American Indian,		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 NO	If yes, spe	city Cuban, Mexican 2 X NO Specify:	, Puerto Rican, etc.)	Spec WH]	k, White, etc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	done during mos red.)	N t of working	16b. KIND OF BUSINES	S/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Lust) BERT MARKHAM	4	HOMEMAK	.ER		IE (First, Middle, Maiden Surna	me)			
TO BE	190. INFORMANT'S NAME (Type/Print) LEO W. SWEENEY					DOCKEN Dute Number, City or Town, Stat BLVD. #123 S		20906		
	20s. METHOD OF DISPOSITION 1	val from State	20b. PLACE AND DATE OF DIS cemetery, crematory or other p. GATE OF HEA	SPOSITION (Ner	ne of		N — City or To	own, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE OOD		FRANCI	S J. COL	LINS FUNERAL BLVD., W. SI	HOME,	INC.		
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	emplications that cause of	sed the death. Do not e					Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		ardio.	200	culer	Disa	use	Onset and Death		
NOI	disease or condition resulting in death) a. Cardio var all varale . Due to (or as a consequence of): Bequentially list conditions, if any, leading to immediate Due to (or as a consequence of):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):							
¥	PART II. Other significant conditions	contributing to deat	th but not resulting in th	e underlyIng	cause given in F	Part I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 N		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
N: MEDIC						_		OF DEATH? 1 YES 2 NO		
PHYSICIAN:		HOSPITAL:	ST.	HER:	ACE OF DEATH (Chec					
H	27. MANNER OF DEATH	28a. DATE DF INJUI	RY 28b. TIME OF	28c. INJU	5 Residence 8	28d. DESCRIBE HOW INJURY	OCCURED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yes	-0	M 1 Y		Fel.	1			
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (3	URY — At home, farm, atreet, Specify)	, factory, office		281. LOCATION (Street and Number or Rural Bours Number City or Town, State)				
COMPLETED						o the cause(a) and manner e ime, data and place, and due		SS- WD		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Tolle	Lew Law	_	29c. LICENSE NUM	9ER 29d.	DATE SIGNED	(Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	815	wis	concin	, LA	Pselling		
	31. DATE FILED (Morith, Day, Year) JUL 28 1993	122. ALGISTRAR'S S	MAHOE DE							

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II, OR ALTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after de IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi It hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	APLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

	1 - FOR REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT	OF H	EALTH	AND I		GIENE		
	1. DECEDENT'S NAME (First, Middle, Last			MITH				2. DATE OF DE		43	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 204-14-8102	1 □ M 2 🂢 F 6	in yrs. lasi birthday) 9 YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIF (Month, Day, JAN . 2.	TH Year) 3, 1924	8. BIRTI	HPLACE (State or Foreign NSYLVANIA
TOR	9a. FACILITY NAME (If not institution, give SUBURBAN HOS RESIDENCE OF DECEDENT	SPITAL			THE	DA	ON OF DE	EATH		OUNTY OF CO	
DIRECTOR	10a. STATE 10b. COUN	NTGOMERY		TY, TOWN O		ION	-				10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	13014 EVANSTON					ZIP CODE	2085			USA	WHAT COUNTRY?
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 XNO	1 1	f yes, sp	ENDENT O	n, Mexica	IIC ORIGIN? (Spe n, Puerto Rican, i :	offy Yea or No-	14. RAC Blac Spec	E — American Indian, k, Whita, etc. //y: WHITE
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done (during mo	st of workin	g		OF BUSINESS/		WILLE
COMPL	17. FATHER'S NAME (First, Middle, Last)	4	TRAVEL	ASSI	STAI	_	IER'S NA	GOV] ME (First, Middle,	ERNMENT		
BE	JOHN T. 19a. INFORMANT'S NAME (Type/Print)	KARL	OVICH	C ADDRESS	(Ot-14)	JUL			GILI		
2		H, SR.	13014					Route Number, City			0853
	20a. METHOD OF DISPOSITION 1100 Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	movel from State cem	PLACE AND DATE elery, cremetory or e ATE OF	OF DISPOS	ITION (Na	me of		DATE	OC. LOCATION	- City or To	own, Stata
	21. SIGNATURE OF PUNERIC BERVICE L	September //	lel	FR	ANC	S J.	COI	LLINS FI	JNERAL	HOME	
CENTIFICATION								Interval Between Onset and Death			
MEDICAL	PART II. Other significant condition	ut not resulting	in the un	derlying	ceuse g	iven in	F	MAS AN AUTOPS ERFORMED? YES 2 NO	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 26. PLACE OF GEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF GEATH 28. PLACE OF GEATH (Check only one) 4 Nursing Home 5 Residence 6 Other (Specify)											
	27. MANNER OF OEATH 1 Netural 5 Pending Investigation	26a. OATE OF INJURY (Month, Day, Year)	26b. TIN	_	28c. INJI WO	JRY AT		28d. OESCRIBE		OCCURED	
2 120 5	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e PLACE OF IN HIRV	— At home, farm,	street, facto	ory, office			261. LOCATION City or Town	Street and Numb , State)	ber or Rural I	Route Number,
ž I		SICIAN: To the best of my knowl IER: On the besis of examination									i) and manner as stated.
00 00	291. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	T MO				29c. LICE					(Month, Day, Year)
	CAROLYN HAN 31. DATE FILED (Month, Day, Year) JUL 2 6 1993				UTI	VE	BLI	VD. R	OCKVI	LLE	na 20852

J. W. T. Spilly more

	mit. Pages 1, 2, 3 should			
spital or attending physician.	hed for use as the burial-transit or			
+YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Places 1, 2, should		ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
executed within 24 hours after death	and completely filled in by the fund	o burial, cremation, or removal.	natic event, the medical exan	
quires that the death certificate be	signed by the attending physician	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ows any injury, or other traur	
ITENDING PHYSICIAN: The law red	TOR: After this certificate has been	after death with the State Dept. of	28 is marked, or item 23 shi	
TOTHE HOSPITAL OR A	TO THE REMEDIAL DIRECT	be Sted within 72 hours	IMPORTANT: If Item	

	FOR 1 - STATE REGISTRAR	STATE OF M		/ DEPAI						IYGIEN REG. NO.	E	93	23387
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATN		3.	TIME OF DEATN
	Dikran	and the second second			She	rbeto	chian	1	MONTH 7/2	1/93	3	YEAR	1:50 PM .
3	4. SOCIAL SECURITY NUMBER 130-40-5960	5. SEX 1 2 M 2 D F	6. AGE (In yrs. I	lest birthday) YRS.	IF UNDI	DAYS	IF UNDER	24 HRS.	7. DATE OF 1 (Month, De 10/2	BIRTH 6/19		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CI1	Y, TOWN	OR LOCATI	ON OF DE				TY OF DEAT	
DIRECTOR	Holy Cross Hos	pital			S	ilve	r Sp	ring			Mont	gomer	У
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c CI	TOWN	OR LOCA	TION						
E	MD Mon	tgomery			Whea								INSIDE CITY LIMITS?
7	10e. STREET AND NUMBER				HILL		1. ZIP COD	E			10g. CITU		X YES 2 NO
ER/	2809 Hardy Aven	ue						902					tates
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.Ş.	RMED	13	. WAS DEC	CENDENT (F NISPAR	NIC ORIGIN? (S	pecify Yes		14. RACE -	American Indian
7	1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WI	YES 2	<u>X</u> NO		If yes, sp	24 XNO	n, Mexica	n, Puarto Ricar	n, etc.)		Black, W Specify:	fhita, atc.
Э ВҮ	3 Widowed 4 Divorced										- 1	opony.	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	Give kind of	USUAL I	OCCUPATIO	ON ost of working	ng	16b, KIN	D OF BUS	SINESS/IND	USTRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)		Shoem					- 1	Q1			
ME	17. FATHER'S NAME (First, Middle, Last)	0	,	JIIOEIII	akei					Sho			_
S	Parsegh Sherbet	chian							ME (First, Middl			7 \	
BE	19a. INFORMANT'S NAME (Type/Print)	cirzan	Τ.	ION MAIL IN	ADDRE	00 (00		san		_	ainab		
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2809 Hardy Avenue, Wheaton, Maryland 209						0.2						
	20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of Genetary, crematory or other place) 20c. LOCATION — City or Town, State												
	1 Waterlet 2 Cremetton 3 Removed from State 4 Doneston 5 Dother (Specify) Gate of Heaven Cemetery 7/23/93 Silver Spring, Maryland												
	21. SIGNATURE OF PRINCIPLE SERVICE LIC	englet al			22	NAME A	ND ADDRE	SS OF FA	cury i Fune:	DII	VCI D	Pring	, maryranu
	► Alleli D	/ hour lots	3807									_	
	23. PART I. Enter the disesses, or o	complications that	coursed the d	faeth Do	201 201	1180	0 Nev	v Hai	mpshir	e Av	e 511	ver S	pring, MD
	anock, or heart fellure.	List only one caus	e on aech lir	na.					n as cardiac	or respi	ratory arre	eat,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition		Dav	Cre	01.	1-1	2 5						Onset and Death
	resulting in death)	a. DUE TO (OR AS A CONS			11)	1 -				_		-
-			on no n cons	LOGENCE O	··).								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A CONSI	EOUENCE O	F):								7
EA!	csuse. Enter UNDERLYING												- 4
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSI	EOUENCE O	(F):								
ᇤ	resulting in death) LAST	d											
	PART II. Other aignificent condition	a contributing to d	feath but not	rasulting	in the u	nderivin	g cause o	iven in	Part i 24s	. WAS AN	AUTOPSV	24b WE	RE AUTOPSY FINDINGS
MEDICAL	13cm61	Failu	M			, , , , ,				PERFOR	MED?	AM	AILABLE PRIOR TO
	Adult	Besnie	atory	Di	Ac	ce	1	10	[`	YES 2	NO		DEATH?
2	7100011	12011	11019	101	7/12.	22	ZIM	do	me_			11	YES NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	,				26. PL	ACE OF D	EATH (Chi	eck only one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		e 5 🗆 Re	aldence	6 Other (Sp	ec/fv1			
ξ	27. MANNER OF DEATN	28a. DATE OF II (Month, Day	NJURY	28b. TIM	E OF	26c. INJ	URY AT		26d. DESCRI		JURY OCC	URED	
ВУ	Natural 5 Pending	(MORU, Da)	r, rour)	1111	M		PRK?	NO					
	3 Suicide 6 Could not be	28a, PLACE OF building, e	INJURY — At h	ome, farm,	street, fac	ctory, offic	•		261. LOCATIO		nd Number	or Rural Route	Number,
1	4 Homicide determined		(-,,,						City of 10	wn, State)			
PE	29a. CERTIFIER (Check only	CIAN: To the beat of n	ny knowledge, d	lasth occurr	ed at the	time, data	and place	and due	to the cause(a) end man	ner as state	d.	
COMPLETE		R: On the basis of exe											d mennar as stated.
ш	296. SIGNATURE AND TITLE OF CERTIPLE	0	4					NSE NUN		1		SIGNED (MO	
0	A MAN	MA	W	2		-	D	370	775		> -	7/2/	193
2	30 MAME AND ADJUBESS OF DEBSON WH	O COMPLETED ONLIN										/	1.

at the time, data and place, and due to the cause(a)	end manner as stated.
in my opinion, death occured at the time, data and p	lace, and due to the cause(a) and mennar as stated.
29c, LICENSE NUMBER	29d DATE SIGNER (Month Day Mont)

8 MM MANNO	D37975
AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	

30, MAME AND ADTHESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

J. Indisano M.D. 980/ Georgic Ave Silver Sprins

31. DATE FILED (Month, Day, Year)

JUL 26 1993 June Davidson-Handelle

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

asy be retained by the hospital or attending physician.	page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		t be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITA	TO THE FUNERAL	be filed within 72	IMPORTANT: II

							93 23388
_	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH CATE OF DEAT		HYGIENE REG. NO.	20000
	1. DECEDENT'S NAME (First, Middle, Last)	ander			2. DATE O		YEAR 3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER	24 HRS. 7. DATE O	23 93	J. BIRTNPLACE (State or Foreign
	112-12-4337	1 - M 2 - F 94		MONTHS DAYS HOURS	MIN. (Month,	Day, Year)	Country)
	Se. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATE			Germany Y OF DEATH
5	Suburban Hospita	1		Bethesda		Monte	comery
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY	TOWN OR LOCATION			10d. INSIDE CITY
	Maryland Mon	tgomery	Roc	ckville			LIMITS?
FUNERAL	104. STREET AND NUMBER			10f. ZIP CODE	E	10g. CITIZE	EN OF WHAT COUNTRY?
NE	6121 Montrose Rd	12. WAS DECEDENT EVER IN		20852		USA	
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	13. WAS DECENDENT Of fryen, specify Cube 1 YES 2 X NO	n, Mexican, Puerto Ri	(Specify Yea or No.— 1- can, atc.)	4. RACE — American Indian, Black, White, etc.
BY	② CX Widowed 4 ☐ Divorced	1 10, 010 1111 011 01		I TES 2 X NO	Specify:		Specify: White
TED	15. DECEDENT'S EDU (Specify only highest grad	e completed)	(Give kind of we	JSUAL OCCUPATION ork done during most of working retired.)	16b. I	KIND OF BUSINESS/INDU	STRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 8 +)	_	rounds.)	1	_1.	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		<u>Owner</u>	18. MOTI		oplique Oddle, Meiden Surneme)	
BE C	Joseph Rayfeld			Be	rta (unkr	nown)	
10	19a. INFORMANT'S NAME (Type/Print)		1	ADDRESS (Street and Number			
.	Lynn Rodens 20a. METHOD OF DISPOSITION	l an		Clover Hill FDISPOSITION (Name of			
	REX Burial 2 Cremation 3 Ren	noval from State Came	etery cremetory or oth		7/25		
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	dat rate	22. NAME AND ADDRES	SS OF FACILITY		
	Wen!	(1 11	8	Danzansky	-GOldberg	Memorial	CHapels le, MD. 20852
	23. PART I. Enter the diseases, or	complications that caused List only one cause on as	tha death. Do no	ot anter the mode of dyl	ing, such as cardi	ac or respiratory arres	it, Approximate
	IMMEDIATE CAUSE (Final	List only one cause on as	ich lina.				Intarval Between Onset and Daath
	disease or condition resulting in death)	· KESPIRA	TORY	1-AILU	RE		
_		PI CILLA	CONSEQUENCE OF	CELICIDA	10		
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	PPUSIU/			
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury	. BROWCE	10SPAS	M			
E	that initiated events resulting in death) LAST	ASDIPA	CONSEQUENCE OF	:		٠	
E		d. 1 13 1 (V/1	77070				
'AL	PART II. Other algnificant condition	na contributing to death be	it not reaulting in	the underlying causa g	givan in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	A-0101 6.00	2 1 1 1 7 10 0	1			1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?
Σ	DELIVIORATIO	PALATION					1 TES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF D	EATN (Check only one)	1	
rsic	EXAMINER?	HOSPITAL:		OTHER:			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY AT WORK?	2ad. DESC	RIBE HOW INJURY OCCU	RED
> 1			At home from the	M 1 YES 2			
BY	2 Accident Investigation	28e PLACE OF INJURY		eet, metery, office	281. LUCAI	FION (Street and Number or Town, State)	Hural Route Number.
	2	28e. PLACE OF INJURY building, atc. (Specific	fy)		City or	iowii, otaloj	
	3 Suicide a Could not be determined	building, atc. (Specia	fy)	at the time date and piece			
	3 Suicide a Could not be determined 29a. CERTIFIER (Check only)	28e. PLACE OF INJURY building, stc. (Special CIAN: To the best of my knowle Rr. On the best of exemination	edge, death occurred		, and due to the cause	e(e) and manner as atated	
E COMPLETED	3 Suicide a Could not be determined 29a. CERTIFIER (Check only)	ICIAN: To the best of my knowle	edge, death occurred	, in my opinion, death occur	, and due to the cause	e(a) and manner as stated and place, and due to the o	
COMPLETED	3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my knowle ER: On the best of examination	edge, death occurred and/or investigation PHY	in my opinion, death occur 29c. LICE	, and due to the cause red at the time, date a	e(a) and manner as stated and place, and due to the o	cause(a) and manner as stated.

THE SOF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Wern ury, M.D. 980/ GA.

Th. Day, Year)

1993 June Day door - The second

Mer/yn Ve 31. DATE FILED (MONTH, Day, Year) JUL 2 6 1993

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TO THE HISH MA. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	signed by the atter	of nearth and Mental Hyglene phor to burial, cremation, or removal.	IMPURIANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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31. DATE FILED (Month, Day, Year)

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1993

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH M 5. SEX IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) Germany 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY Maryland Montgomery **Rockville** TEXTES 2 NO FUNERAL 10e. STREET AND HUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6121 Montrose Rd. 20852 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 HO 1 Hever Merried 2 Married If yee, specify Cuben, Mexican, Puerto Rican, etc.) BY 1 YES 2 1 NO Specify Specify: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATIOH
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Manufacturer Costume Jewelry 17. FATHER'S HAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) Moses Marienthal (unknown) BE 19a. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gabriele Rosenberg 13228 Glenhill Rd. Silver Spring, MD. 20904 20a. METHOD OF DISPOSITION

EXBuriel 2 Cremation 3 | Rem 20b. PLACE AND DATE OF DISPOSITIOH (Name of DATE 20c. LOCATIOH - City or Town, State 7/25 4 Donation 5 Other (Specify) Cedar PArk Cemetery Paramus, N.J. 21. SIGNATURE OF PENERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY Danzansky-GOldberg Memorial Chapels Rockville, MD. 1170 Rockville Pike 20852 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Batween **IMMEDIATE CAUSE (Finel Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE INFRACTION resulting in death) YPOTENSION CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING TRIAL HIB LA TION CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY CVA HEMIPARESIS 1 TYES 2 THO OF DEATH? FALLS 1 YES 2 NO OMPRESSION 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ERDutpatient 3 | DOA OTHER: ng Home 5 🗆 Residence 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Hetural
Accident 5 Pending Investigation BY 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29e. CERTIFIER CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner se steted. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Da BE PHYSICIAN

emunus

32. REGISTRAR'S SIGNATURE

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Ave

30. NAME AND ADDRESS OF PERSON WHO COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print)

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	TO THE NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	JOTHE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	afte	IMPORTÂNT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT O	F HEALTH AND OF DEATH	MENTAL HYGIE	AL.	93 23390
	1. DECEDENT'S NAME (First, Middle, Last) John Henry TI	TUS, Jr.				2. DATE OF DEATH MONTH 0 7	pay y	3. TIME OF DEATH 93 7:30 P M
	4. SOCIAL SECURITY NUMBER 214-32-7696	1 X XM 2 □ F	in yrs. last birthday) 58 YRS.	IF UNDER 1 YE.		7. DATE OF BIRTH (Month, Day, Year) MOUL,	1935	BIRTHPLACE (State or Foreign Country) VNGINIA
TOR	9a. FACILITY NAME (II not institution, give s Avalon Manor H RESIDENCE OF DECEDENT	. ,			erstown	DEATH	Was	r OF DEATH hington
DIRECTOR	10e. STATE 10b. COUNT	v Lington	937	r, town on la			·	10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	31 Hump Rd.				101. ZIP CODE 2174	0		N OF WHAT COUNTRY?
B	11, MARITAL STATUS 1 Never Married 2 💢 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes		UNIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	es or No— 14	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		16a. OECEDENT'S (Give kind of v life. Do NOT us Brick	vork done during se retired.)	ATION I most of working	166. KIND OF B		
BE CON	17. FATHER'S NAME (First, Middle, Lest) John H. Titus				16. MOTHER'S N	AME (First, Middle, Maide M. Herndon	n Surname)	
TO B	190. INFORMANT'S NAME (Typo/Print) Annie M. Titus	The state of the s				Hanover, Mi		
	20a. METHOD OF DISPOSITION 1V Burial 2 Cremation 3 Rem 4 Donetton 5 Other (Specify)	Pull	PLACE AND DATE OF PLACE AND DATE OF PLACE AND COMPANY OF PLACE AND COMPANY OF PLACE AND PLACE AN	emeter	y 7-19	-93 ROC	ocation – ch kville	y or Town, State , MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	2.	vio	Da 12	e and address of F vis Funer 525 Bradb	al Home	imithsb	ura.MD 21783
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ech iine.	not enter the	mode of dying, su	ch as cardiac or res	piratory arres	t, Approximate interval Between Onset and Death
N	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	T:	sclera			
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	- CONSEQUENCE OF					
CERTIFICATION	that initiated events resulting in death) LAST	d	CONSEQUENCE OF					
MEDICAL	PART II. Other significant condition	ns contributing to deeth be	ut not resulting i	n the under	ying cause given in	DEDC/	PRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: M	25. WAS CASE REFERRED TO MEDICAL							1 TYES 2 NO
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp.	atient 3 DOA	OTHER:	i. PLACE OF DEATH (C			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. URY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— A1 home, farm, s			261. LOCATION (Stree City or Town, State		Rural Route Number,
COMPLETED		ICIAN: To the best of my knowl ER: On the best of examination						
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	A COURT , A	CD.		29c. LICENSE NU			IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	DATA M	ATH (ITEM 27) (Type,	Print)	usa re	eguntam		
		32. REGISTRAR'S SIGNA						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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31. DATE FILEO (Month, Day, Year)

JUL 2 7 1993

1	FOR STATE REGISTRAR	- 0	STATE OF M	ARYLAN	D / DEPART		HEALTH AND DEATH	MENTA	L HYGIENE REG. NO.		3	23391
	1. DECEDENT'S NAME (Flight, FLORENCE	OLI		TTLE				2. DATE MONT JUL		1993	FAR	TIME OF DEATH 3:00 P
	4. SOCIAL SECURITY NUMBER 262-41-0811		1 🗆 M 2 💢 F	6. AGE (In y	YRS.	IF UNDER 1 YEAR IONTHS DAYS	HOURS MIN.	Mar	OF BIRTH (h, Day, Year)	397	Country) Engl:	
	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Sycamore Acres Derwood Montgomer											
DIRECT PRINCIPLE							own or location er Spring			10d. INSIDE CITY LIMITS? 1 YES 2 X		
FUNERAL	213 Stoning	ton R	oad			10	101. ZIP CODE 20902					tates
	11. MARITAL STATUS 1 Never Merried 2 3 X Widowed 4 Divo	12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 XNO Specify:						
		EDENT'S EDU y highest grade			Give kind of we life. Do NOT use	rk done during m retired.)	ION lost of working		OWN HOR		ГЯУ	
-	17. FATHER'S NAME (First, M	liddle, Last)			LIOUZEMI		18. MOTHER'S N				-	
	George		Webst	er			Jane		melia		าลงล	ilable)
-	196. INFORMANT'S NAME (1	Type/Print)		0.7	19b. MAILING	DDRESS (Street	and Number or Rurs					TTGOTC)
L	Raymond G.	Tuttle	e (Son)		Same	as #10						
20e. METHOD OF DISPOSITION 1 Burlet 2 (X Cremetton 3 Removal from State Suburban Crematory of other (Specify) Suburban Crematory 7-23 Silver Spring,												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, MD 20910											
shock, or haart fallure. List only one cause on each line.									Approximate Interval Between Onset and Death			
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significa	nnt condition	ne contributing to	death but	not resulting Ir	the undarlying	ng cause given i	n Part I.	24a. WAS AN / PERFORI 1 YES 2	MED?	AM CO OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			28. I	PLACE OF DEATH (Check only o	ne)			
	1 TES 2 NO		1 🗆 Inpatient 2 🗆		ent 3 🗆 DOA	Nursing Ho	me 5 🗆 Residence	_				
		Pending Investigation	26e. DATE OF (Month, Da	y, Year)	26b. TIME INJU	M 1 🗆	JURY AT ORK? YES 2 NO	26d. OE	SCRIBE HOW IN	JURY OCCUP	ED	
1		Could not be determined	28e. PLACE Of building, o	INJURY — etc. (Specify)	At home, farm, at	reet, factory, offi	ce		CATION (Street e. or Town, Stete)	nd Number or	Rurel Rout	Number,
	onei		SICIAN: To the best of ex								nuse(e) en	d manner ee stated.
	286. SUGNATURE AND TITLE	OF CENTER	1700	-			29c. LICENSE N	UMBER		29d. DATE S	GNED (M	onth, Day, Year)
L	bleu	Cux	NA	1			D2272	9		▶ Ju]	y 23	, 1993
	July 23, 1993 30. MARKE AND A GORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) John Kijak, Jr. M.D. 12520 Prosperity Dr #150, Silver Spring, MD 20904 31. DATE FILEO (Month, Day, Year) 11. 2 7 1003										20904	

tained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

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31. DATE FILED (Month, Day, Year)

JUL 3 0 1993

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
ATT	8	s aft	1 28
OR O	OH.	hour	ten
- 4		-	-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Terry 7:00 A. M July 28, 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
May 5, 1902 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 577-34-1470 DAYS HOURS 1 🗌 M 2 🔯 F 91 Wisconsin YRS. 9a. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Shady Grove Adventist Nursing Center Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Potomac 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1505 West Kersey Lane 20854 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ZNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 X NO Specify B Specify: White 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle | Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ Edward Lawler Julia Anderson BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Betty T. Clark 1505 West Kersey Lane Potomac, Maryland 20854 Pe 20a_METHOD OF DISPOSITION
1 ABuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 8/3/943E cometery cremetory or other place) Arlington National Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Arlington, Virginia 21. SIGNATURE OF EUNERAL DEFIVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 M00672 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List Dnly Dna cause Dn aach lina. Interval Between tMMEDIATE CAUSE (Final Onset and Death disease or condition Congestive Heart Failure One Year resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Anemia 10 Years MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Mylofibrosis 20 Years CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part t. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 1 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 2 YES 2 7 NO 26. PLACE OF DEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident PLACE OF INJURY — At home, farm, streat, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER

(Chark only 1 🔯 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 200. SUBNATURE AND TITLE OF CENTIFIER

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

JULA DEMISTRAR'S STATUTE 12

Thomas J. McNamara, M.D. 5602 Shields Drive Bethesda, Maryland 20817-3571

29c. LICENSE NUMBER

D32610

29d. DATE SIGNED (Month, Day, Year)

July 28, 1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	inding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	filin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	10 AM 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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SPITAL	MERAL	Opin 72	A1

1 - STATE REGISTRAR		RYLAND / DEPA CERTIF	RTMENT OF		MENTAL HYGIE REG. N					
1. DECEDENT'S NAME (First, Middle, Las MOZELLE 4. SOCIAL SECURITY NUMBER	Ε.			ANLEY	07	DAY YE. 28 9:	3 12:06 P			
219-42-810E	1 - M 2 X F	AGE (In yrs. lest birthdey) 6 3 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	29 8.8 19c. COUNTY	OF DEATH			
DORCHESTER GE	NERAL HOS	SPITAL	CAMBRI				HESTER			
10a. STATE 10b. COUR	Rchesi	ter 10c. C	TY, TOWN OR LOCA	Ridg	e		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER BOY SMithville R 11. MARITAL STATUS	OAD TO	YlorsI	SlaND	of. ZIP CODE V	69	7	of WHAT COUNTRY?			
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAI	YES 2 NO	If yes, s	specify Cuben, Mexic S 2 NO Spec	NIC ORIOIN? (Specify Y an, Puarto Rican, etc.) fy:	es or No- 14.	Black, White, etc.			
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)		(Give kind of	s usual occupat work done during in use retired.) RN Shar	nost of working (e)	16b. KIND OF B	USINESS/INDUSTI	av .			
17. FATHER'S NAME (First, Middle, Last) GEOR9	e E11	is		18. MOTHER'S N	AME (First, Middle, Maide	Sov	Joller			
BERNORD	Stanle	y Box	G ADDRESS (Street 26 – SM	iTh V.	Route Number City or to	WIN, State, Zip Code	ISLAND. MI			
20g. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE cemetery, crematory or	other place)	Zemeter	48/7 SA	OCATION - CHY	I/R MD			
21. SIGNATURE OF FUNERAL SERVICE	C 2loa	nu.	22. NAME / He	NRY F	UNERG	HOM	e bridge MI			
23. FART . Enter the disesses, of ehock, or heart feilure immediate CAUSE (Final disesse or condition resulting in death)	s. NECL	R AS A CONSEQUENCE O	ry c	ode of dying, su		piratory arreat,	Sprowfineta interval Batween Onset and Death			
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с.	R AS A CONSEQUENCE (
PART ii. Other significant conditi	ons contributing to d	eath but not resulting	in the underlyi	ng ceuse given li	PERFO	IN AUTOPSY DRMED? 2 \(\text{NO} \)	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)									
27. MANNER OF DEATN	26e, DATE OF IN	ER/Outpatient 3 DOA	ME OF 28c, IN	JURY AT	6 Other (Specify)	INJURY OCCURE				
1 Natural 5 Pending (Month, Dey, Year) INJURY WORK? 7 Accident Pending Investigation 7 - 28 - 1993 INJURY M 1 YES 2 NO DRIVER OF AU 26s. PLACE OF INJURY — At home, farm, street, factory, office 25f, LOCATION (Street and Number					OF AUTO	D				
Accident investigation Suicide 6 Could not be	26a. PLACE OF building at	c. (Specify)					THAT OVER			
Accident investigation Suicide 6 Could not be determined	28e. PLACE OF building, at	ON R		ta and place, and du	City or Town, State RT - 16 A' e to the cause(a) and m	TAYLO	THAT OVER			
Accident investigation Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYINO PHY	/SICIAN: To the best of m	ON R	red at the time, dat	death occured at the 29c. LICENSE NU	RT . 16 A' to the cause(s) and me time, data and place, MBER	TAYLO senner as stated. and due to the case 29d. DATE SIG	O THAT OVER UNITED (MONTH). DOTA UNEQ (MONTH). Day, Year)			
Accident Suicide Homicide Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYINO PHY (Check only 2 MEDICAL EXAM)	/SICIAN: To the best of m	ON Roy knowledge, death occur mineMon and/or investiget	red at the time, dar ion, in my opinion, e, <i>Printi</i>)	29c. LICENSE NU	RT . 16 A' to the cause(s) and me time, data and place, MBER	TAYLO	O THAT OVER TO STAND ONES ISLAND Use(e) and manner as stated. SINED (Month, Day, Year) — 31 – 1993			

YEAR

9c. COUNTY OF DEATH

1993

3. TIME OF DEATH

06:00 a.

8. BIRTHPLACE (State or Foreign

Maryland

BALTIMORE, MARYLAND 21215-0020

use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	WERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran hin 72 hours after death with the State Debt, of Heatth and Mental Hyolene order to burial, cremation, or removal	
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OR A	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hin 72 hours after death with the State Deat, of Health and Mental Hotlette prior to burial, cremation, or removal	VT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL	VERAL Nin 72	11

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH DI July 12, Joseph George WALLING DAY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) Jan. 14, 1907 IF UNDER I YEAR IF UNDER 24 HRS. 220-10-3828 1 M 2 F 86 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH Washington County Hospital Hagerstown

Washington	County	Hospital		Нав	erstown		Wa	shing	ton
RESIDENCE OF DEC									
Maryland	Washir	gton	Hag	ersto					Od. INSIDE CITY LIMITS? YES 2 MO
10e. STREET AND NUMBER					101. ZIP CODE		10g. CIT	IZEN OF WH	AT COUNTRY?
11349 Lakes	side Dri	.ve			21740			USA	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive	Merried	2. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 2 NO	If yes,	PECENDENT OF HISPAN specify Cuban, Mexica (ES 2 XNO Specify		or No-	Black, Specify:	- American Indian, White, atc.
(Specify on Elementary/Secondary (I			16e. DECEDENT'S USI (Give kind of work life. Do NOT use no machin	done during tired.)	ATION most of working	aircr		DUSTRY	
Jefferson I	.,,				18. MOTHER'S NA	ME (First, Middle, Melden [a11	Surname)		
Cecil Wall:			19b. MAILING ADI 12214	clove	rly Farm	Lane, Smit	n, State, Zij hsbu:	rg, Mo	i. 21783
20a. METHOD OF DISPOSIT 1 ☑ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 - Remova (Specify)	I from State	p. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF COMP. C. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND DATE OF D. PLACE AND D.	isposition Diace) Memo	^{(Name of} rial Park			City or Town	Maryland
21. SIGNATURE OF FUNERA		Minne	el		AND ADDRESS OF FA ICH FUNER E. Wilson	HOME Blvd., Ha	gers	town,	Md. 21740
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart tellure. Lis	t only one cause on a	d the death. Do not ach line.					rest,	Approximata Interval Batween Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING gry c	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	hec		topeni 1	0	par	~
PART II. Other significa	ent conditions c	ontributing to death b	out not resulting in th	na underly	ing cause given In	Part I. 24a. WAS AN PERFOR	MED?	A C	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TO EXAMINER?	н	OSPITAL:		HER:	PLACE OF DEATH (Che				
	Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. I	NJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OC	CURED	
3 Suicide 6	Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, of	fice	281. LOCATION (Street a City or Town, State)	and Number	or Rural Rou	te Number,
29a. CERTIFIER (Check only one) 1 CERTIFIER 2 MEO	IFYING PHYSICIAI	N: To the best of my know	ledge, death occurred at n end/or investigation, in	the time, do	ate and place, and due	to the cause(a) and men	oner as atal	ted. ne cause(a) a	nd menner as stated.
PAPO	OF CERTIFIER	ws			296 LICENSE NUM	197	29d. DAT	E SIGNED (M	Jonth, Day, Year)
30. NAME AND ADDRESS OF	ASHI	4 49	376 N	116	LST !	Laguage	Kr	62	Neg 217
31. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S SIGN	ATURE			0	-		

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mpletely filled in by the cremation, or removal event, the medical event.	
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the standard part of the transport of the tr	
S TE S	

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND	MENTAL HYGIE! REG. NO		20000
	1. DECEDENT'S NAME (First, Middle, Last)	_			2, DATE OF DEATH		3. TIME OF DEATH
	Sarah F	Lashets	6 /1	1/ xtem/	manager /	1 10 10	73 5 DH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. i	last hirthday) IF IMD	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
			YRS. MONTHS	The state of the s	(Month, Day, Year) 5-17-4		Country)
	215-38-6701					9c. COUNTY	Maryland
œ				TY, TOWN OR LOCATION OF D	EATH		
õ	17410 Croom Roa	d	B	randywine		Princ	ce George's
E C	10e, STATE 10b, COUNTY		10c. CITY, TOWH	OR LOCATION			10d. INSIDE CITY
E	ъ.						LIMITS?
	Maryland Prince	George's	I Brand	ywine 10f, ZIP COOE		T 40 - OFFITTA	OF WHAT COUNTRY?
RA				101, 21P COOE		TOG. CITIZEN	OF WHAI COUNTRY?
FUNERAL DIRECTOR	17410 Croom Road			20613		USA	
5	11. MARITAL STATUS 12. 1 Never Married 2 Merried	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 5	ARMEO 1:	 WAS OECENOENT OF HISPA: If yes, specify Cuben, Mexica 		na or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DATES	^	1 TYES 2 NO Specif			Specify:
	X	an Inc.			The state of the s		Black Black
E	15. OECEDENT'S EDUCATION (Specify only highest grade com	pleted)	Give kind of work don	e during most of working	16b. KIND OF BI	JSINESS/INDUS	TRY
iy j		ollege (1-4 or 5+)	ife. Do NOT use retired	1.)			
MP	12	0	ffice S	upervisor	Prince	Coord	o Hoalth Do
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maide	n Sumame)	
BE (John H. Hawkins			Dorot	hv Eller	Dot-e	O.B.
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street and Number or Rural			
5	Jessica Davis	,	Boy 353	Bryantown	Manula	d	0617
	20a. METHOD OF DISPOSITION	20b. PLAC	E OF DISPOSITION	Name of cemetery, crematory or	20c. L	OCATION - City	or Town, State
	1 Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)		place)	ch Cemeter	y Bo	don N	Marvland
	21. SIGNATURE OF FUNERAL SERVICE LICENS			2. NAME AND ADDRESS OF F		den. I	laryranu
	- PO () QA	M	00191	Adams Funer	al Home.	Р.А.	
	Llord Tab		00191	Aguasco Roa	d. Aguas	CO M	arvland 2060
	23. PART i. Entar the diseases, proom	plications that caused the	death. Do not ent	er the mode of dving au	h as cardiac or res	piratory arrest	t, Approximate
				or the mode or cynig, see			Annual Control of
		only one cause on each li	na.	or the mode of tynig, see			Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	only one cause on each li	ne.	or the mode or dying, ear			Interval Between
	IMMEDIATE CAUSE (Final	PUMPNOM	na.	RM A			Interval Between
	iMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A CONS	na.	em A	Duran		Interval Between
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) a Sequentially list conditions,	PUMP NOME DUE TO (OR AS A CORE MEST STATE	SEQUENCE OF):	en a	Disense		Interval Between
ATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	PUMPNOM	SEQUENCE OF):	en a	Disense		Interval Between
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or remove.

IMPORTANT: If them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN RTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	24 William	R		2. DATE OF DEATH MONTH DAY	93	3. TIME OF DEATH 9 03 PM		
	217-42-2948	6. AGE (In yrs. lest	YRS. F UNDER	T 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIFITH (Month, Day, Year) 6 - 6 - 0 2	8. BIR Ma	THPLACE (State or Foreign intry) Tyland		
OR	90. FACILITY NAME (If not institution, give street SOUTHERN MARYL)	1	13	Y, TOWN OR LOCATION OF D	EATH	PRINCE	GEORGES		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	e George's	Capita	1 Heights 101. ZIP CODE		10g. CITIZEN OF	1 K YES 2 NO		
FUNERAL	5412 Dole Stree 11. MARITAL STATUS 1 Never Merried 2 Married	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 JN	MED 13.	207 WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica	NIC ORIGIN? (Specify Year	or No — 14. RA	USA		
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT	IF YES, GIVE WAR OR DATES		1 YES 2 NO Specif	y:	Sp	Black		
COMPLETE	(Specify only highest grade co.	mpleted) (Gh life.	De NOT use retired.)	during most of working	16b. KIND OF BUSI	omesti			
	17. FATHER'S NAME (First, Middle, Last)		omemake		ME (First, Middle, Melden S		. C		
BE	William Pinkney 19a. INFORMANT'S NAME (Type/Print)		MAII INC ADDRES	Berth S (Street and Number or Flural					
2	Bertha Hardy	I		Le St. Cap			20743		
	20a. METHOD OF DISPOSITION 1 G Burlal 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)	20b.PLACE At cemetery, crem	ND DATE OF DISPOS natory or other place) S_ Churc	SITION (Name of		CATION — City or	Town, State		
	21. BIONATURE OF FUNEBAL SERVICE LICEN	M00191	22.	NAME AND ADDRESS OF FA	Adams	Funera	1 Home		
	23. PART L Enter the diseases, or don shock, or heart fellure. Lis	polications that caused the deat it only one cause on each line.	eth. Do not enter	the mode of dying, suc	h as cardiac or respire	atory erreet,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Aci		sixis/ hi	Fancto	y)	Onset and Death		
N	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.								
ICATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQU	UENCE OF):						
CERTIFICATION	that initieted events resulting in death) LAST	OUE TO (OR AS A CONSEQU	UENCE OF):						
I	PART II. Other eignificent conditions of	contributing to death but not re	equiting in the un	ndedying couse given in	PERFORM	MED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE		
PHYSICIAN: MEDICAL		DYSME, 6	Tim	FRANT	Aby YES 2	XNO	OF DEATH?		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	eck only one)				
IXSI	. Clause - Profite	OSPITAL: Inpatient 2 ER/Outpatient 3		sing Home 5 - Residence					
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN.	JURY OCCUREO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, farm, street, fact	tory, office	281. LOCATION (Street an City or Town, State)	nd Number or Rura	l Route Number,		
COMPLETED		N: To the best of my knowledge, deat On the beste of examination end/or in					(0)		
BE CO	290. SIGNATURE AND TITLE OF CERTIFIER		.,,	29c. LICENCE NUM		29d. DATE SIGNE			
2	30. NAME AND ADDRESS OF PERSON WHO C			101	1701	- //	11/13		

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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BETTY ANN WINE 1993 YEAR July 28, 1:30 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 579-50-4926 MONTHS DAYS HOURS 54 1 M 2 F VRS 13, July 1938 Washington DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 858 Copley Avenue Waldorf Charles Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Charles Waldorf permit. 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 858 Copley Avenue 20602 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: White 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 1AL KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) 12 ary (0-12) College (1-4 or 5+) Housewife Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Cecelia Daras George William Brown T B notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 858 Copley Ave., Waldorf, Md. 20602 19a. INFORMANT'S NAME (Type/Print) 2 Carroll W. Wine, Jr. 9 20a. METHOD OF DISPOSITION

☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must funeral director, Heritage Memorial Park 7-31 Waldorf, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE HUNCE FUNETATIONE Deya M Benjamin M. Matthews M00658 P. O. Box 156, Waldorf, Md. 20604-=0156 In by the f medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only interval Between 6 IMMEDIATE CAUSE (Finei Onset and Death cremation. the state disease or condition traumatic event, resulting in death) burial. aell CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 9 prior CAUSE (Disease or Injury other that initiated events DUE TO (QR AS A CONSEQUENCE OF): resulting in death) LAST ö the atter in luny, PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS by MAIL ABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? signed 1 1 | YES 2 | NO 1 YES 2 NO has be Dept. 23 sl PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item State HOSPITAL: OTHER: SPITAL: Inpatient 2 En/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 28b. TI 1 YES 2 4 ☐ Nursing Home 5 Residence 8 ☐ Other (Specify) 6 the 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, this (5 Pending Investige 1 Natural
2 Accident 1 YES 2 NO BY death 28e. PLACE QF INJURY — At home, ferm, street, factory, office building, etc. (Specify) TO THE JOSPITAL OR ATTENDII
TO THE FUNERAL DIRECTOR: A
De filed within 72 hours after of
IMPORTANT: If Hom 28 Is 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 00 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day Year) woln 141 9 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Laxmi N. Berwa, 7700 Old Branch Avenue., #C101, Clinton, Md. 20735 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE RANDARD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND	24 hours after death. Page 6 may be retained by the hosp	/ filled in by the funeral director, page 5 should be detached	tion, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO ME HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	FOR 1 - STATE REGISTRAR	STATE OF M			RTMENT					GENE		9	3	23	398
	1. DECEDENT'S NAME (First, Middle, Last	0)							2. DATE OF D	EATH			3. TIME	OF DEAT	т
	WILLIAM W.		, SR.						JULY 2	5, Î	993	YEAR	1:	30	A M
	4. SOCIAL SECURITY NUMBER 578-58-7785	1 X M 2 - F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	See .	7. DATE OF BI (Month, Day, SEPT.	Year)		Countr	iplace (S y) SYLV		
œ	9a. FACILITY NAME (If not institution, give	· ·					R LOCATIO		EATH		9c. COUNT				
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DIRECTOR	MARYLAND MO	NTGOMERY		100	LVER		183						LIM	HDE CITY	
IAL	10e. STREET AND NUMBER					101	ZIP CODE	E		Т	10g. CITIZE	EN OF V			
FUNERAL	1705 EDGEWATER P							903				USA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N		1	If yes, sp	endent of cuba 2 X NO	n, Mexica	HC ORIGIN? (Spi n, Puerto Rican, y:	etc.)		Speci		ican Indi	ars,
E	15. DECEDENT'S ED (Specify only highest gra-		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. KINO	OF BUSI	NESS/INDU	WHI	TE		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Dia.	Do NOT u	work done (se retired.)	during mo	st of workin	g							
M M	17. FATHER'S NAME (First, Middle, Last)	5+	CH	IEMIS	T	-			NBS						
	THOMAS BENJAMIN	WAI TON					10.70		ME (First, Middle, CTE EDI:						
BE	19a. INFORMANT'S NAME (Type/Print)	WALION	191	. MAILING	ADDRESS	(Street a			Bouda Mumbar Cit	he as Tourn	Charle The C	a dal			
임	MABEL S. WALTON				DGEW				SILV	ER S	PRING	, MA	RYLA	NDO	€03
	20a. METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Re	moval from State	20b. PLACE A						DATE	20c. LOC	ATION — CI	ty or To	wn, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	FORT	LINC						BREN	TWOOD	, M	ARYL	AND	
	Timothy	& Ca	uplu	u	FR	ANCI		COL	LINS F						01
	23. PART I. Enter the diseases, pu shock, or heart fellure	complications that	caused the de	ath. Do									Ap	proxim	nte
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	resulting in death)	a. Due 10 o	peral		-/	In	em	-0-	mer						
7	-	Na	Man Comme	Com	7.	1	1:00	65	-0						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEC	MENCE O	7:0	00	- 20	0.			0		1		
ICA	CAUSE (Disease or injury	Attes	osch	2rs	the	- C	an	di	ovusc	. (42		_		
HTI	that initiated events resulting in death) LAST	DOE TO (OR AS A CONSEC	DENCE O	F):								1		- 1
	DART II Oden standing to Maria	d											_		
CAL	PART II. Other algnificent condition	ona contributing to d	leeth but not n	eaulting	in the un	derlying	ceuse g	given in	Part I. 24a.	WAS AN A PERFORM	WTOPSY MED?	24b.		LE PRIOR	TO
MEDIC									10	YES 2	J.NO		OF DEAT		
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	пости					ACE OF D	EATH (Che	eck only one)						
YSI	1 TYES 2 J-NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		9 5 □ Re	sidence	6 Other (Spec	clfy)					
	27. MANNER OF DEATH 1 ♣ Netural 5 ☐ Pending	28a. DATE OF II (Month, Day	NJURY : Year)	26b. TIN	E OF JURY	_	RK?		28d. OEŞCRIBE	E HOW IN	JURY OCCU	RED			
ВУ	2 Accident Investigation	28a PLACE OF	INJURY — At ho	ne term	street fact		ES 2	NO	28f. LOCATION	(Street on	of Mumber of	0-15	haveta filoso		-
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, e	tc. (Specify)			ory, orner	•		City or Tow	n, State)	d Number of	nurar n	IOURE PROFIT	Jor,	
PLE	29a. CERTIFIER (Check only	SICIAN: To the best of n	ny knowledge, de	ith occurr	ed at the ti	lme, data	and place,	and due	to the cause(s)	and mann	nor as stated		_		
MO		NER: On the basis of exa) and mer	nner as e	inted.
BE C	296. SIGNATURE AND TITLE OF CERTIFI	ER					29c. LICE	NSE NUM	MBER 2	,	29d. DATE	SIGNED	(Month, D	lgy, Ybar)	
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-	30. NAME AND ADDRESS OF PERSON W RONALD J. SHUMAC					ים ת	AVD	LILLE .	ATON M	ADVY	ANTO	2000	12		
	31. DATE FILED (Month, Day, Year)		's sightfure		or IEL	ın Kı	JAD	WIL	ATON, M	AKIL	י מאדי	2090	12		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DEPITAL OF STITEMENT DAYSICIAN. The law remises that the death carriedate he executed within 78 on
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1. DECEDENT'S NAME (First, Middle, Last) Mildred F. Williams 2. DATE OF DEATH YEAR ((can MILDE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig 1 M 2 TF 87 PRS. 220-32-6895 June 8, 1906 Ohio 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 11700 Old Columbia Pk, #203 Silver Spring Montgomery RESIDENCE OF DECEDENT 10s. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Montgomery Silver Spring 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11700 Old Columbia Pk, #203 20904 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, slc. 1 Never Married 2 Married 1 YES ZY NO BY 3 ♥ Widowed 4 □ Divorced Specify Specify. White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Secretary/Bookkeeper Williams Plumbing & Heating 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Frank H. Kedlecek BE Martha Valmerker 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Millicent E. Lutz 8214 Northview Ct, Laurel, MD 20707 pe 20s. METHOD OF DISPOSITION
1 □ Burisl 2 □ Cremetion 3 □ Removal from
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must director, Fort Lincoln Crematory 0724/98 Brentwood, MD examiner 21. SIGHATURY OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home the funeral 11800 New Hampshire Ave, Silver Spring, MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by t Approximate 0 Interval Between IMMEDIATE CAUSE (Final Onset and Death I completely filled urial, cremation, o the disease or condition à ralido asalor event, resulting in death) OUE TO (OR AS A CONSEQUENCE OF): and con traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 the atten Mental injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS and a ctoo e AUR AWAILABLE PRIOR TO signed Health a COMPLETION OF CAUSE 1 TYES 2 T NO Shows 1 YES 2 NO Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? tem 26. PLACE OF OEATH (Check only one) certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA YES 2 NO OTHER: me Seldence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY After this ce leath with the marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation Natural 1 YES 2 NO BY After t 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) DIRECTOR: A hours after d hours after d 90 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated.
2 MEDICAL EXAMINER: On this basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. TO THE HOSPITAL ON TO THE FUNERAL DIE FILED WITHIN 72 ho 2. MEDICAL EXAMINER: On this basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF SERTIFIEF 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 082 2-2 7 2 30. NAME AND ADDRESS OF PERSON-WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Se 8218 CD , COUSIN Do 90 A 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 2 6 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	EALTH AND N	IENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	Nott	ie Fran			2. DATE OF DEATH	AY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		r vrs. lest birthday)	IF UNDER I YEAR	ay IF UNDER 24 HRS.	7/24/93 7. DATE OF BIRTH		9 15 PM a. BIRTHPLACE (State or Foreign
Πņ	232-46-3540	1□ M 3√F 6]	L YRS.	MONTHS DAYS	HOURS MIN.	12/31/19	31	West Virginia
œ	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF DEA	NTH		NTY OF DEATH
010	PRINCE GEORGES HOS	SP.CTR.		CHEVE	RLY		PRIN	ICE GEORGE
DIRECTOR	Maryland Prince	George's		v, town or local tsville	TION			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITI	1 TYES 2 NO ZEN OF WHAT COUNTRY?
FUNERAL	11378 Cherry Hill				20705			ted States
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XXV0	If yes, sp	ENDENT OF HISPANI ocify Cuban, Maxican 2 NO Specify:	C ORIGIN? (Specify Ye., Puarto Rican, etc.)	or No-	14. RACE — American Indian, Black, Whita, etc.
D BY	3 Widowed 4 Divorced							White
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MPL	12 years	Conege (14 or 54)	Superv	isor		priva	ite	
00	17. FATHER'S NAME (First, Middle, Last) Charles Elmer Bart	hlow				E (First, Middle, Maiden	Surname)	
) BE	19a. INFORMANT'S NAME (Type/Print)	IIIOW	19b. MAILING	AODRESS (Street a		Soutyard oute Number, City or Tow	n, State, Zip	Code)
5	Darlene Hill							diana 47150
	20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	al from State Come	PLACE AND DATE O	her plece)		12203-00-0		City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ysee / / al	rview Ce	22, NAME A	ID ADDRESS OF FAC	1993 NEW	ALLOC	ony, Indiana
	► 18mail	-V. 1500	White	14400	POWDER	MILL DO	THE P	TOME
	23. PART I. Enter the diseases, or co shock, or heart fallure. Li	mplications that caused at only one cause on as	the death. Do n	ot enter the mo	de of dying, such	as cardiac or reap	ratory arm	eat, Approximata Interval Between
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PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A Contributing to death but to	consequence of	26. PL OTHER: 4 □ Nursing Hom E OF 28c. INJ	g ceuse given in P ACE OF DEATH (Chec	art I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
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BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A (CONTRIBUTION OF AS A (CONTR	ti not resulting li	26. PL OTHER: 4 Nursing Hom E OF 28c. INJ. URY NO M 1 1 1	ACE OF DEATH (Chece 5 G Residence 8 USY AT RK? 2 NO	art I. 24a. WAS AN PERFORM 1 YES 2 the conty one) Other (Specify) 28d. DESCRIBE HOW I City or Town, State) the cause(a) and main	AUTOPSY MEO? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO EURED Or Rural Route Number.
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COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONTRIBUTION OF THE PROPERTY OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specification of the basis of examination.)	tient 3 DOA 28b. Tillet INJU	28. PL OTHER: 4 Nursing Hom E OF 28c. INJ URY WO 1 Note of the time, data n, in my opinion, d	ACE OF DEATH (Chece 5 Residence 8 RY AT RY 2 NO 8 and plece, and due to eath occured at the till 29c. LICENSE NUMBER 1	24a. WAS AN PERFORM 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW In Company	AUTOPSY MEO? NO NJURY OCC and Number as state d due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Rural Route Number, ed. a cause(a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated eventa reaulting in death) LAST PART II. Other aignificant conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONTRIBUTION OF THE PROPERTY OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specification of the basis of examination.)	tient 3 DOA 28b. Tillet INJU	28. PL OTHER: 4 Nursing Hom E OF 28c. INJ URY WO 1 Note of the time, data n, in my opinion, d	ACE OF DEATH (Chece 5 Residence 8 RY AT RY 2 NO 8 and plece, and due to eath occured at the till 29c. LICENSE NUMBER 1	24a. WAS AN PERFORM 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW In Company	AUTOPSY MEO? NO NJURY OCC and Number as state d due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Rural Route Number, ed. a cause(s) and manner as stated.

		FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH	AND MENT	TAL HYGIEI			
		1. DECEDENT'S NAME (First, Middle, La	WOOLVER	TON	lverton		ATE OF DEATH	0AY 25 3E	3. TIME OF	PM M
pino		4. SOCIAL SECURITY NUMBER 081-09-754 90. FACILITY NAME (If not institution, gi	7 1 8 M 2 🗆 F	88 YRS.	FUNDER 1 YEAR IF UNDER DAYS HOURS b. CITY, TOWN OR LOCATI	MIN. 5 ^M	TE OF BIRTH	25 N	BIRTHPLACE (State Country) EW JETS	
1, 2, 3 should	DIRECTOR	POTOMAC VALLE	Y NUPSING	Home	ROCKUL		no an	MON 7	GOMER	4
mit. Pages			ontqomery	10c. CITY,		E			10d. INSIDE LIMITS 1 1 TES	87
Ltransit per	FUNERAL	100. STREET AND NUMBER 11. MARITAL STATUS	ARD AVEN (1519	2081	5		L	CSA	
received by the mospital or activiting physicial. 5 should be detached for use as the burial-transit permit. Pages 1, notified at once.	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced		S 2 ND	13. WAS DECENDENT (If yes, specify Cube 1 YES 2 NO	m, Mexican, Puer	to Ricen, etc.)		RACE — America Black, White, etc. Specify: WH	n Indien,
for use a	LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	Ma. Do NOT use r	k done during most of working tired.)	ng		JSINESS/INDUST	RY	
detached	COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Managemer	nt Analyst	HER'S NAME (Firs		OVERNME	nt	
d be	BE C	Joseph W. Woo	olverton			a Const				
5 should notified	0	19a. INFORMANT'S NAME (Type/Print)	(11:6-)		DDRESS (Street and Number				e)	
page be		Jessie G. Woolv		Db. PLACE AND DATE OF	as #10			OCATION — City		
rector, p		1 Buriel 2 X Cremetion 3 R 4 Donetion 5 Other (Specify)		Suburban (placel	1			or lown, State oring. M	ID.
eral di		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRE	SS OF FACILITY				
the fun val.		soll- Ks	.ea	M00827	Rapp Fune 933 Gist	Ave, Si	lver S	oring, I	MD 209	10
filled in by the funeral director, on, or removal.		IMMEDIATE CAUSE (Final	or complications that cause re. Liet only one ceuse on	ed the death. Do not each line.	enter tha moda of dy	ing, such es c	ardiac or resp	Piratory arrest,	inter	oximeta vai Batween et and Daeth
sician and completely fille prior to burial, cremation, traumatic event, the		disease or condition resulting in death)		A CONSEQUENCE OF:	1				3	d
and comp burial, c	z		- Bb-1	ALL PALLO	Ter Men	u ch	Dono		17/	DWIT
ian and or to bu aumati	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO JOH AS	A CONSEQUENCE OF	1	7	dest			0
nding physicia Hygiene prior or other trau	FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	E. DUE TO (OR AS	A CONSEQUENCE OF:		V				
	E	resulting in death) LAST	d.						į	
Me Me	ပ	PART II. Other significant condit	ions contributing to death	but not resulting in	the underlying cause of	niven in Part i	24s, WAS AF	ALITOREY	24b. WERE AUTOR	DOV PRIORIOS
	JICAL	O Coneyo	twil Hear	Faily	UNF 11	J. V. O. III T W. C. T.	PERFO	RMED?	AVAILABLE P	PRIOR TO
on sign of Heal	MEDIC	D Lin	my unter	phiston	Lives beyo	ROST	1 123	2 (9.30)	OF OEATH?	2 🗌 NO
Dept. c		25. WAS CASE REFERRED TO MEDICAL	100 DE	dunter	Matalo	Suce-				
State State	PHYSICIAN:	EXAMINER?	HOSPITAL:	tostlant 3 🗆 DOA	THER:	EATH (Check cody	month.			
s certific the sed, or	ЭНХ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, INJURY AT WORK?			INJURY OCCURE	0	
fter the	ВУ	1 Netural 5 Pending 2 Accident Investigation	n		M 1 TYES 2	□ ND				
DIRECTOR: After this certificate has been signed b hours after death with the State Dept. of Health ar Item 28 is marked, or Item 23 shows any	ETED	3 Suicide 8 Could not I 4 Homicide determined	building, atc. (Sp.	RY — Al home, ferm, stre ecify)	et, factory, office	28f. L	OCATION (Street Ity or Town, Stete	end Number or Ru)	iral Route Number,	
국 지 =	COMPL	29e. CERTIFIER (Check only 1 CERTIFYING PH	YSIONN. To the best of my known of exemination	wiedge, death occurred a on end/or investigation,	nt the time, date end piece, in my opinion, death occur	, end due to the dead at the time, do	cause(e) and ma ate end place, e	nner es stated. nd dua lo lhe ceu	ise(e) and manne	r es stated.
TO THE FUNER be fled within	TO BE	396 SIGNATURE AND TITLE OF CERTIF	> V mus	MA	D	NSE NUMBER	71	29d. DATE SIG	NED (Month, Day,	Year)
20		Paul T. Noone, N	1.D. 50 West	t Edmonsto		ockvill	e, MD	20852	, 0	
		JUL 2 7 1993	guna Davidson	fintell						

permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

marked, BY 69

COMPLETED

2

PHYSICIAN: MEDICAL CERTIFICATION

TO THE MOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 23402 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 24, MALCOLM D. WALTER 9:35 JULY 1993 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Morith, Day, Year) OCT. 25, 1894 1 √2 M 2 □ F YRS. 98 579-12-8574 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH KENSINGTON GARDENS NURSING CTR MONTGOMERY KENSINGTON RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY KENSINGTON 1 YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY **4010 PROSPECT STREET** 20895 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. If yee, specify Cuban, Mexican, Puerto Rican,

1 YES 2X NO Specify: 1 Never Married 2 Marrie Specify: 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes ntary/Secondary (0-12) College (1-4 or 5+) 12 RIGGS NATIONAL BANK BANKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT B. WALTER SARAH AUSTIN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ELIZABETH F. WALTER 4010 PROSPECT STREET KENSINGTON, MD 20895 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE mation 3 - Ren 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify) JOHN'S CEMETERY FOREST GLEN, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD 20901 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) Several month achexiA prostate arcinoma unknown Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST NGS

PART II. Other significant condition	s contributing to death but not	resulting in	the underlying ceuse given	in Part i.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE ALTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpatient		26. PLACE OF DEATH (DTHER: Nursing Home 5 Residence			
27. MANNER OF DEATH 1 Mr Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT	-	ESCRIBE HOW INJURY OCCU	RED
3 Suicide 6 Could not be	28s. PLACE OF INJURY — AI h building, etc. (Specify)	iome, farm, str	set, factory, office		CATION (Street and Number or y or Town, State)	Rural Route Number,

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, ed at the time, data and place, and due to the cause(s) and manner as stated.

HATURE AND TITLE OF CENTIF 29d. DATE SIGNEO (Month, Day, 29c. LICENSE NUMBER

ma 24. HE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11125 Rockville MK

31. DATE FILED (Month, Day, Year)

JUL 2 7 199

A RECORDING SIGNATURE DE LA PROPERTIE DE LA PR

> July

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmit permitted within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	I director, page 5 should be detached for use as the burial-transmippermit
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ner must be notified at once.

	REGISTRAR		CER	TIF	ICATE OF	DEATH	F	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH
	CLARENCE DIL	LARD ABR	AMS				MONTH	D		YEAR	o. Time of Beath
	4. SOCIAL SECURITY NUMBER						AUG		10	1	M
			. AGE (In yrs. last bli	-51	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De	SIRTH y, Year)	- 1	6. BIRTH	PLACE (State or Foreign
	099-12-2500	MXM 2 □ F	70	YRS.			6-2	7 - 23	-		OKOLYN, NY
	9a. FACILITY NAME (If not institution, give a				9b. CITY, TOWN	OR LOCATION OF D	EATH			NTY OF DE	
8	4319 MARBLE HA	LL RD.			BALTI	IMORE					
15	RESIDENCE OF DECEDENT				21121.	LITORE					
W.	10e. STATE 10b. COUNT	Y	1	Oc. CIT	Y, TOWN OR LOCAT	TION					10d. INSIDE CITY
DIRECTOR	MD.				BALTIN	10RE				- 1	LIMITS?
	10e. STREET AND NUMBER				100	. ZIP CODE					
2	4210 MARRES				1	. ZIF CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	4319 MARBLE									U.S	5.A.
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1♥	YES 2 NO	D		ENDENT OF HISPA ecify Cuben, Mexico			or No-	14. RACE Black	- American Indian, White, etc.
8	3 Widowed 4 Divorced	FORCES? TY	OR DATES		1 TYES	2 NO Specif		, 400.)		Specif	
						21					BLACK
Ш	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G/ve A	una or v	USUAL OCCUPATION	ON set of working	16b. KIN	D OF BU	SINESS/IND	USTRY	
in .	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT us	e retired.)						
4	X-RAY TECHICIAN HOSPITAL										
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)										
	CLARENCE ABRAN	4S					DILLAI				
BE	19a. INFORMANT'S NAME (Type/Print)		10h M	AH ING	ADDRESS /Direct of						
2						nd Number or Rural					
	LEONA ABRAMS					IG RUN	DR. BA	ALT.	MD.	21	214
	20e. METHOD OF DISPOSITION 1, Burlel 2 Cremetion 3 Rem	ovel from State	20b. PLACE AND	DATEC	F DISPOSITION (Na	ime of	DATE	20c. LO	CATION —	City or Tov	wn, State
	4 Donation 5 Other (Specify)	M				ST VET	8_13	-93	OWIT	NICS	MILLS. MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMSEE)			22. NAME AF	D ADDRESS OF FA	CILITY		77,1	WILL	1911 111113 4 19117
	Du TI	V . 00	•		1	משתייווא	PIMER) T T	HOME	10 7 1	T. (1)
	July &	Laccion	10		2501	NUTTER GWYNNS	FALI	SP	KWAY	21	LT. MD.
	23. PART I. Entar the diseases, or a shock, or heert fallure.	complications that c	aused the death	. Do n	ot enter tha mo	de of dying, auc	h aa cerdlec	or reepi	ratory arm	eat,	Approximate
	IMMEDIATE CAUSE (Final										Interval Between Onset and Death
	disease or condition resulting in death)	CA	nces of	14	Le lu	us_					Also In Sections
	resulting in death)	DUE TO (OF	AS A CONSEQUE	PICE OF	n:	1					
-					•						İ
CERTIFICATION	Sequentially list conditions,	b. DUE TO (Of	R AS A CONSEQUE	NCE OF	٦٠						
¥	if any, leading to immediate cause. Enter UNDERLYING	,-									i i
[은]	CAUSE (Disease or injury	DUE TO (Of	R AS A CONSEQUE	NCE OF							
ΙĒΙ	that initiated events resulting in death) LAST	552 10 (6.	· AS A CONSECUE	TOL OF	<i>J</i> -						i .
英		đ									
	PART ii. Other eignificant condition	a contributing to de	ath but not reau	iting i	n the underlying	Causa given in	Part i 24s	WAS AN	AUTOPSY	245	WERE AUTOPSY FINDINGS
SAL						, calca given in		PERFOR	MED?		AVAILABLE PRIOR TO
							15	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
M M							_				1 - YES 2 - NO
ΙżΙ											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only one)				
1 55	EXAMINER?	HOSPITAL: 1 Inpatient 2 E	R/Outpatient 3 🗆 I	DOA:	OTHER:		a [] aut : m	104.			
≩	27. MANNER OF DEATH	28e. DATE OF IN.		b. TIME		e 5 Residence					-
	1 Natural 5 Pending	(Month, Day,	Ybar)	INJU	JRY WO	RK?	28d. DEŞCRIE	E NOW II	NJUHY OCC	UHED	9.00
B	2 Accident Investigation				" ' ' '	ES 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN	JURY — At home, . (Specify)	term, a	treet, factory, office		26t. LOCATION City or Tox	N (Street a	nd Number	or Rural Ac	oute Number,
	4 Homicide determined							,,			
12	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge death	OCCUPY.	d at the time date	and place, and due	An Aba nama-(a)				
COMPLET	(Check only one) 2 MEDICAL EXAMINE										
18			THE STORE ST	- ryanor	, army opinion, d	sein occured at the	time, date end	piace, en	due to the) Cause(e)	end menner ee stated.
H.	296. SIGNATURE AND TITLE OF CERTIFIER	1. 1	1 0			29c. LICENSE NUI	MBER		29d. DATE	SIGNED ((Month, Day, Year)
0 8	Jany War	wave,	a. U.			00 9:	22		▶ 8	1/10	193
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (Туре,	Print)						-
40	LAKRY WAY	EKBURY	MI) 4	940	DEASTE	ERN, E	ALI-	, del	1. 21	122 9	×
6	31. DATE FILED (Month, Day, Year)	32. BEGISTRAP'S	SIGNATURE			, , , ,				/	
I (>⊲I	AUG 1 1 1993		idon-Rand	486	•						1

	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND Ci	DEPAR ERTIF					MEN	TAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, La	st)			IOAII		DEA		2. D	ATE OF DEATN		- 13	TIME OF DEATH
•	bertha	81	ackbur	าก					MK	ONTH DA	••	93	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ins		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.		UGUST			2:15 a M
	216-36-6528	1 🗆 M 2X 🗀 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.		2/6/16		Country)	
	9e. FACILITY NAME (If not institution, gir	re street and number)			9b. CITY	TOWN C	B LOCATI	ON OF OE	ATH	2/0/10	9c. COUNT	V OF OFF	MD
<u>د</u>	Franklin Squ		cal			,		011 01 02			1400		
12	RESIDENCE OF DECEDENT										Bal	tim	ore
H.	TO 1.00 (100)			10c. CIT	Y, TOWN	OR LOCAT	ION	-				10	id. INSIDE CITY
۵	MI)	Baltimore	2		Re	osed	ale					1	
AL	10e. STREET AND NUMBER					101	ZIP COO				10g. CITIZE	N OF WHA	T COUNTRY?
FUNERAL DIRECTOR	801 Rosedate	Ave.						212.	37			USA	•
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED							or No.— 14	. RACE -	American Indian,
BY F		IF YES, GIVE Y	AR OR DATES	200						rto Rican, etc.)		Specify:	
													wnite
2	(Specify only highest gro		16a. DE	CEDENT'S	Work done	CCUPATIO during mo:	N st of workin	ng		16b. KIND OF BUS	INESS/INDUS	TRY	
ا ت		College (1-4 or 5	-) """	. DO NOT U						The section 2			
COMPLETED		/			Sale	28	77-11						
	Tr. Partier 3 NAME (First, Micons, Last)						16. MOT	HER'S NAI	ME (Fir	st, Middle, Malden	Sumame)		
BE	19a IMEODMANT'S NAME /Fina/Drint												
2	Garfield Black	tourn	191	B. MAILING	Ol re	osedi	ale i	Ave.	Ba	lumber, City or Town .ltimore	n, State, Zip Co	2123	7
	20a. METHOD OF DISPOSITION								-				
	5 ☐ Buriel 2 ☐ Cremation 3 ☐ R	amoval from Stata	cemetery, cre	matory or o	ther place)				- 1			Carl Infa.	
		LICENSSE	- I Mea	lgowr						/93 E	IKrido	e, M	٣)
	4	X	00		C	vach,	/Rose	edale	∋ F		Home		
		0. VE	uz							-			
	23. PART I. Enter the diseases, part failur	er complications the e. List only one cau	t caused the de	eath. Do i	not antar	tha mo	de of dy	ing, auct	n aa c	ardiac or reapi	ratory arrea	t,	Approximata
	IMMEDIATE CAUSE (Final	ACTITE	NVACN	Dia	1 1	NED	Prit	7 80					Onset and Death
1	resulting in death)	0.	1000 CATA	SOIM		7 1 7	7011	610					
		A TM CO	OR AS A CONSE	OUENCE O	F): Cı	120	DOT	- 1),(320E			
o N	Sequentially list conditions,					1401	77	C	/ 13	c/07.0			
ÄT	cause. Enter UNDERLYING		,		,								
프	CAUSE (Disease or injury that initiated events	c. OUE TO	(OR AS A CONSEC	OUENCE O	F):								+
CERTIFICATION	resulting in death) LAST	4											
2	DART II ON THE STATE OF												1
CAL	SUBLY TING	ona contributing to	death but not r	raauiting	in the ur	nderlying	cause	given in i	Part I	24a. WAS AN PERFOR			
ă	11/06/2/01/2		711						_	1 TYES 2	NO		
MEDI	DIAMETES	NIELLI	100						_	1		1	YES 2 NO
ž	HYPERLIP	DEMTA											
$\frac{1}{2}$	EXAMINER?	HOSPITAL:	/	T	OTHER		ACE OF O	EATN (Che	ck only	(one)			
PHYSICIAN:					4 🗆 Nun	sing Nome		sidence	_				
	1 Natural 5 Pending					WOI	RK?	7 440	28d.	DESCRIBE NOW IN	IJURY OCCUI	RED	
BY	2 Postelde	26e PLACE O	F INJURY — At ho	me ferm	treet fact			NO	204 1	OCATION (Steer of a	and Marine	0 1 0 1	
8	_ Could not t	outiding.	etc. (Specify)		- 1001, Iac	ory, orne	,		201. [City or Town, State)	na Number or	HURII HOUR	y Number,
91	29a. CERTIFIER								_			_	
COMPLET													
8	Baltimore Baltimore Rosedale 187. ZIP CODE 21.237 199. CITIZEN OF WARY COUNTRY USA 801 ROSedale Ave. 197. SIP CODE 21.237 199. CITIZEN OF WARY COUNTRY USA MANTIAL STATUS 198. MATTAL STATUS 198. Martial 198. Mart												
8	296, SIGNATURE AND TITLE OF CERTIF	TER (hnn				29c LICE	NSE NUM	BER	, 7	29d. DATE S	INED I	inth, Day, Year)
2	30 NAME AND ADDRESS OF SECTION	WAR COMPLETE	1111				1)/	70	do	4	- 0/	7/7)
1	8CIL DHILA	DEL-DAIA	C (ITE	м 27) (Туре,	BA	47	iM	ORI		MD	212	37	
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10	AUG 1 2 1993	July Davidson	- Aanda R	•									

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit early	hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.
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VIT	IAN: Th	rlificate	he State
1 OF	PHYSIC	this ce	with th
NOIS	ENDING	R: After	er death
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATT	DIRECTO	hours aft

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, M 2. DATE OF DEATH 3. TIME OF DEATH 92 41 Aug 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BATH 6. AGE (In IF UNDER 1 YEAR IF UNDER 24 HRS DAVE 1 M 2 F 9a. FACILITY NAME (If not institution, give street Sc. COUNTY OF DEATH TIMERE ecure BY FUNERAL DIRECTOR tOSN. RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? TIMORE 1 XYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ARCLS AM NURS/14/9 HOME 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. RACE Black, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. OECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only his ntary/Secondary (0-12) College (1-4 or 8+) tousewif TO THE HUSPITAL OR AT ETHORAGE. After this certificate has been signed by the attending process. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending process field within 72 hours after death with the State Dept. of Health and Mental Mygiere prior to burial, crematic event, the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 1A 19a. INFORMANT'S NAME (Type/Print) BARKSOLAL PAR K Hights 20a. METHOD OF DISPOSITION
1 Pariel 2 Cremation 3 Ren
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION vn, Stata oval from State ery, crematory or other place) 21. SIGNATURE OF FUNERAL MERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
WILLIAM C. BROWN
1206 W. NORth Lolley AVE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata Interval Between ahock, or heart fallure. List only one cause on each line. Onselvand Death IMMEDIATE CAUSE (Final Hrrh disease or condition uchac resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury unp DUE TO (OR AS & CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 AO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Nome 5 | Residence 6 | Other (Specify) 1 TES 2 NO atient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 __ MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and ma 296. MONITURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Year, LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, AIIG 1 2 REGISTRAR'S SIGNATURE whie Davids

DHMH-16 Rev 1/89

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/13/93 t.t

	1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DI CER	EPARTMEN TIFICAT	IT OF HEALTH AN E OF DEATH	ID MENTA	L HYGIENI REG. NO.	Ε .	33 2340		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	9 ^v 3	3. TIME OF OEATN		
	JOHN H.										
			AGE (In yrs. last bir	VRS. MONTHS	DAYS HOURS MA	N. (Mont	OF BIRTN h, Day, Year)	C	IRTNPLACE (State or Foreign ountry)		
	218-58-2664 90. FACILITY NAME (If not institution, give	21	30			9	25		ryland		
Œ				96. CIT	TY, TOWN OR LOCATION O	OF DEATN		9c. COUNTY (OF DEATN		
18	UNIVERSITY HO	SPITAL		B	ALTIMORE	CITY					
DIRECTOR	10e. STATE 10b. COUNT	Υ		C. CITY, TOWN					10d. INSIDE CITY LIMITS?		
	Maryland			Balti					1- YES 2 NO		
RA	10e. STREET AND NUMBER		*		101. ZIP CODE 2121	0			OF WHAT COUNTRY?		
FUNERAL	2783 The Alam	eda 12. WAS DECEDENT EV	ED IN U.S. ADMED					US			
	1 Never Merried 2 Merried	FORCES? 1 1	YES 2 NO	, 13	WAS DECENDENT OF NIS	exican, Puerto I	Y? (Specify Yes Rican, etc.)		RACE — American Indien, Black, White, etc.		
B	3 Wildowed 4 Divorced	IF 1ES, GIVE WAR C	OR DATES		1 TYES 2 NO S	pecify:		S	Specify: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16e, DECED	ENT'S USUAL	OCCUPATION during most of working	16b	. KIND OF BUS	INESS/INDUSTR	ny .		
l iii	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.)						
₹ B	9th grade		Co	ok							
	17. FATHER'S NAME (First, Middle, Last)	G			1		Middle, Maiden S	Surname)			
BE	John H. Boler 190. INFORMANT'S NAME (Type/Print)	, Sr.	10h M	AILING ADDRES	Delc SS (Street and Number or Re		Lee				
2	Rosetta Boler			15 N.			ie Ba	itimo	re,Ma e ylan		
	20s. METHOD OF DISPOSITION	100 Paris 100 Pa	20b. PLACE AND	DATEOFDISPO		DAT	E 20c, LOC	ATION - City of	r Town State		
	X Burlal 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)		Wester		r Cemeter	v 8/1	10K83c	nsvil	le,Md		
	21. SIGNATURE OF EMPERAL SERVICE LI	CENSIN			. NAME AND ADDRESS OF				ilmor St.		
	Leroy Harris F/H Baltimore, Md 21217										
	23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert failure. List only one ceuse on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Finel										
	disease or condition resulting in death)	. NARCOTIC AN	D ALCOHOL	INTOXI	CATION						
		DUE TO (OR	AS A CONSEQUEN	NCE OF):							
ON	Sequentieity list conditions,	bDUE TO (OR a	AS A CONSEQUEN	MCE OE:							
ATION	if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR A	AS A CONSEQUEN	NCE OF):							
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DNMN-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT	OF H	IEALTH DEA	AND		IYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Cr) = 0 12 6	GEORGE I		_				2. DATE OF MONTH	DEATH DA		YEAR 93	3. TIME OF DEATH
	230-32-2628	X□M2□F 64	rs. lest birthday) 4 YRS.	IF UNDER	DAYS	IF UNDER	24 HRS, MIN.	7. DATE OF (Month, Di	BIRTH		8. BIRTH Country	PLACE (State or Foreign RGINIA
TOR	99. FACILITY NAME (If not institution, give street LIBERTY MEDICAL RESIDENCE OF DECEDENT	·				TIMO		EATH		9c. COUN	TY OF D	EATH
DIRECTOR	MARYLAND 10b. COUNTY			Y, TOWN C								10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 791 GEORGE ST	REET			101	zip cobi	120	1		10g. CITIZ		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:			If yes, sp		n, Mexica	NIC ORIGIN? (S an, Puerte Rice y:		or No—	14. RACE	— Americen Indien, , White, etc. y:
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION nploted) 16 College (1-4 or 5 +)	e. DECEDENT'S (Give kind of a life. Do NOT us	vork done	CCUPATIO during mo	ON st of workin	ng	16b. KIN	IO OF BUS	INESS/INDU	STRY	Black
	17. FATHER'S NAME (First, Middle, Last)		<u></u>			18. MOTI		ME (First, Middle TIE R		Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)	<u>-</u>					or Rural	Route Number, (City or Town			
	LAURA B. BROWN 20e. METHOD OF DISPOSITION 20 Burlal 2 Cremation 3 Genova	20b. PL	791	OF DISPOS	ITION /Na	me of	EET	BAL		ORE,		21201 vn, State
	4 Donation 5 Other (Specify)	Woo	dlawn	_								, Maryland
	Leron	Dura	4	L:	ERO: 600	LIB	DY	ETT &	GHTS	SAVE	ENIII	AL HOME E 21207
	23. PART Enter the diseases or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	PETASTAT	line.								st,	Approximata Interval Between Onset and Daeth
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	213									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF	F):								
- 1	PART II. Other significant conditions of	ontributing to death but r	not resulting i	n the un	derivino	CSUSA	ilven In	Part I 244	. WAS AN	ALITYNBEV	Las	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		Rinion 61642 Fiz							PERFOR	MED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL							eck only one)			\perp	
rsic	EXAMINER?	OSPITAL: Inpatient 2 - ER/Outpatie	nt 3 🗆 DOA	OTHER	₹:			6 Other (Sp	ectfy)		_	
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF URY M		URY AT RK? YES 2	NO NO	26d. DESCRI	BE HOW IN	JURY OCCU	REO	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — j building, etc. (Specify)	At home, farm, s	treet, facto	ory, office			28f. LOCATIO City or To	N (Street as wn, State)	nd Number o	r Rural R	oute Number,
COMPLETED		N: To the best of my knowledge On the basis of examination an										and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Salah	1 1	MD.		29c, LICE						(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH		Print)	ibe	מלו	h	300 edic no	N.	CEV 21	22	0.93
6	AUG 1 2 1993		re ydelle									

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF	ITMENT OF	HEALTH AND	MENTAL HYGIEN		3	23408
	1. DECEDENT'S NAME (First, Middle, Last) VERNON BA	SE BI	ROWN			2. DATE OF DEATH MONTH DA	§ 9	EAR 3	3. TIME OF DEATH 7:03 P M
		XM2□F 73	s. lest birthdey) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 6/11/20		PE	NNSYLVANIA
TOR	VA MEDICAL CENTER				HOWARD	EATH	BA		MORE
DIRECTOR	10a. STATE 10b. COUNTY	IMORE		Y, TOWN OR LOC	HOITA			- 1	10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ITORE	2.5	sex	Of. ZIP CODE		10g. CITIZEI		1 YES 2 NO
FUNERAL	828 DORSEY AVENUE				21221		1	USA	
BY	11. MARITAL STATUS 1 Never Married 2 💢 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	. ARMED	If yes,	CENDEHT OF HISPAN pecify Cuban, Mexica S 2 HO Specify	NIC ORIGIN? (Specify Yea in, Puerlo Rican, etc.) y:		Black, Specify	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 184	DECEDENT'S	USUAL OCCUPATION OF HERE	TION	16b. KIHD OF BUS		WHI'	IE.
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	retired.)	iost or working				
N N	17. FATHER'S NAME (First, Middle, Last)		Estim	ator	Les MOTHERIO NA	ME (First, Middle, Maiden			
	EARL D.	BROWN			MARY	ME (First, Middle, Maiden		HEAN	1
TO BE	19a, INFORMANT'S NAME (Type/Print)	DITOTIL	19b. MAILIHG	ADDRESS (Street		Route Number, City or Town			1
٦	Marie A. Brown		828 D	orsey A	venue Es	ssex, Mary	and 2	1227	
	20a. METHOD OF DISPOSITION 1. Comments and the comments	from State cemeters	CE AHD DATE O	OF DISPOSITION (lame of	DATE 20c. LO	CATION — City	or Tow	n, State
	21. SIGNATORE OF FUNERAL SERVICE LICENS	IHO11	y Hill	Mem. C	ard. 8/1	11/93 Ba1	timore	2 N	aryland.
	Man B	In hi		Bruz	dzinski F	uneral Hom	e PA		
П	23. PARTI. Enter the diseases, or com shock, or heart failure. List	plications that coused the	deeth. Do n	ot enter the m	ode of dying, such	Avenue Es	ratory arrest	ary	Approximeta
ı	IMMEDIATE CAUSE (Fine)	only the cause on secil	mree,						Interval Between Onset and Death
	resulting in death)	SEPSIS DUE TO (OR AS A COI	SECUENCE OF						
_		DUE TO (OR AS A COI	VSECUENCE OF	-):					
ᅙ	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	SEQUENCE OF	7):					
2	cause. Enter UNDERLYING CAUSE (Disease or injury	2005 200 100 100 100 100 100 100 100 100 100							
CERTIFICATION	that initieted events resulting in death) LAST	DUE TO (OR AS A CO	ISEQUENCE OF	7):					
. 1	PART II. Other significent conditions co	ontributing to death but n	ot requiting i	n the underly	a ann alua ta	Deat Lee was an			
MEDICAL	SEIZURE DISORDER		or rooming r	ii die dilderiyi	ig couse given in	PERFOR	MED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
	ALZHEIMERS DISEAS	SE				t □ YES 2	ĭĭ NO	(F DEATH?
								·	[1E3 2 [HO
질	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26.1 OTHER:	PLACE OF DEATH (Che	eck only one)			
PHYSICIAN:	1 VES 2 NO 1	XInpatient 2 ☐ ER/Outpatien 28s. DATE OF IHJURY		4 - Nursing No	me 5 - Residence				
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIMI	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW II	JURY OCCUR	ED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY — A building, stc. (Specify)	t home, farm, s			281. LOCATION (Street a	nd Number or i	Rural Roo	ute Number,
ELE	4 Nomicide determined					City or Town, State)			
OMPLET		f: To the best of my knowledge in the basis of examination end						nuse(a) (and manner ea stated.
) BE C	29b. SIGNATURE AND THEE OF MERTIPIER			29c. LICENSE NUM D4342	Month, Day, Year)				

CENTER

FORT HOWARD.

MARYLAND 21052

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

H. M.D. -- VA MEDICAL 32. REGISTRAR'S SIGNATURE

DR. JOSEPH SNIADACH,
31. DATE FILED (Month), Day, Your)
AUG 1 2 1993

The Property of the Property o

	1. DECEDENT'S NAME (First, Middle, Last)	P B	voul	1			2. DATE OF DEATH O	8-04-9	3. JIME OF DEATH
	4. SOCIAL SECURITY, NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	I a	BIRTHPLACE (State or Foreign
	218-22-2809	1 √2 M 2 □ F	6	9 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 7 - 20-7	1	Country)
	9a. FACILITY NAME (If not institution, give	4.4			9b. CITY, TOWN	OR LOCATION OF D		9c. COUNT	Maryland Y OF DEATH
DIRECTOR	GOOD SA	m Hos	PITA	7	B	ALTO	md	,	
ZEC.	10a. STATE 10b. COUNT	TY .		10c. CITY	TOWN OR LOCA	TION			10d, INSIDE CITY
6	Maryland				Baltim	ore			LIMITS?
A	10e. STREET AND NUMBER					1. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	1157 Bentalou	Street				21216	5		USA
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No 14	Black, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WA	A OR DATES			2 NO Speci			Specify:
ED	15. DECEDENT'S EDI	World		CEDENTIO	101111 000110171		I		Black
H	(Specify only highest grad	e completed)	(Gi	ive kind of w	USUAL OCCUPATION done during me netired.)	ost of working	166. KIND OF BU	SINESS/INOUS	TRY
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)					III C D	00+01	Service
COMPLET	High School 17. FATHER'S NAME (First, Middle, Last)			CI	erk	18 MOTHER'S N	AME (First, Middle, Maiden		Service
Ö	William Brown							,	
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street		Sarah Cop Route Number, City or Tov		
2	Mary M. Brown						ou Street		1to, MD 21216
	20a. METHOD OF DISPOSITION		_		F DISPOSITION (N	_			y or Town, Stata
	1 X Buriat 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	cemetery cre-	matory or off	per place)		1		County, MD
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	TALVUU	us Me	22. NAME A	ND ADDRESS OF FA			eral Homes, Inc
	Honlen	t s.	nut	Ton	2501 Balti	Gwynns F	Talls Parkw	ay	elal homes, inc
	23. PART I. Enter the disesses, pr	complications that	caused the de	sth. Dp n	ot sater the mo	ods of dying, suc	ch as cerdiac or resp	Iratory arres	t, Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)				AL	INF	Anct!	'on	Interval Between Onset and Daeth
7		. 00	noN	AR	U B	n TED	y DIS	EAS	_
CERTIFICATION	Sequentially list conditions, if any, leading to immediate						7 01	275	
3	cause. Enter UNDERLYING CAUSE (Disease or injury	a HL	PED	27	ENS	IDN	/		
E	that initiated events	OUE TO	OR AS A CONSEC	WENCE OF):				
EH	resulting in death) LAST	d							
	PART ii. Other aignificent condition	ns contributing to	death but not re	esulting l	the underlyin	a cause alven in	Part i. 24s. WAS AN	ALITTOPEV	24b. WERE AUTOPSY FINDINGS
MEDICAL	END-5				all regions and the same of th	SEASE	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE
		1.08	1000			121/32	1 YES :	2 NAO	OF OEATH?
_							—		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T			26 P	LACE OF DEATH (C)	hash anti-anal		
PHYSICIAN:	EXAMINER?	HOSPITAL:	h		OTHER:				
H X	27. MANNER OF DEATH	28a. DATE OF I		28b. TIME		ne 5 ⊔ Residence JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	IN ILIBA OCCITI	RED
	1 Netural 5 Pending	(Month, De		INJU	JRY WO	YES 2 NO	Tod. DESCRIBE NOW	III OCCO	NED .
BY	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF	INJURY - At ho	me, farm, s	reet, factory, offic	111	26I. LOCATION (Street	and Number or	Qual Doub Number
COMPLETED	3 Suicide 6 Could not be determined	building, e	Ac. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)	riora rooto rombol,
7	29a. CERTIFIER (Check only	SICIAN: To the best of r	ny knowledge, da	ath occurre	d at the time, date	and place, and du	a to the cause(s) and ma	nner as stated.	
MO									cause(a) and manner as stated.
EC	294: SIGNATURE AND TITLE OF CERTIFIE	ER /	•			29c. LICENSE NU	MBER	29d. DATE S	HGNED (Month, Day, Year)
91	found /	huln	me	- n	10	D36	835	18	5-193
TO	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF GEATH (ITEN		Print)	110	58204	ORK	RD
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAF		1-3	1	V.V		C1	-12
/	AUG 1 1 1993	1. 2. K	ridson Par	J. 00	-				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is merked, or Item 23 shows eny injury, or other traumatic event, the medical exeminer must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

	FOR
1	STATE
4	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23. PART I. Enter the diseases, Dr. complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate and Enter the disease, Dr. complications, in any one cause on each line. Approximate and Enter the mode of dying, such as cardisc or respiratory arrest, and such as cardisc or such as cardisc or respiratory arrest, and such as cardisc or respiratory arrest, and such as cardisc or such as cardisc or respiratory arrest, and such as cardisc or such as cardisc or respiratory arrest, and such as cardisc or such as cardisc or such as cardisc or such as cardisc or such as cardisc or such as cardisc or such as cardisc or such as cardisc or such as cardisc or such as cardisc or such as cardisc or such as cardisc or such as car	1 - REGISTRAR		CER	TIF	CATE OF	DEATH		REG. NO				
AND PLANT SOCIAL SECURITY NUMBER S. SEC S. ADE (p. yr. in to bringly Security 1740 Sec	1. DECEDENT'S NAME (First, Middle, La	31)							AY	YEAR		
218—22—6972 18. March Yames (for institution) great state and numbers 18. MARCH YAMES (for institution) great state and numbers of predative and numbers								08 11 93			2:05 AM	
Be. COLOTTY MARK for on Insulation, pick writes not received. A. A. COUNTY MACHINERY DESCRIPTION MARKED AND AND AND AND AND AND AND AND AND AN	The state of the s						(Mon	th, Day, Year)	.923	Count	γ)	
MATYLAND NOMBREW WAS TIMET AND NOBBER TO 17 Cayer Drive, Apt. 401 10 Not States and Nombre 10 No. 1			OCLATION						9c. COL	INTY OF D	EATH	
Second Price Price	10e. STATE 10b. COU	INTY	10c. CITY, TOWN OR LOCATION								LIMITS?	
In Mend Member 2 (2) Merried Professor 1 (1		e, Apt. 401	101. ZIP CODE								VHAT COUNTRY?	
Control of the physics granter conceived Seminative processing (0-12) Seminative processing processing (0-12) Seminative processing processing (0-12) Seminative processing processing (0-12) Seminative processing processing (0-12) Seminative processing processing (0-12) Seminative processing processing (0-12) Seminative processing processing (0-12) Seminative processing processing (0-12) Seminative processing processing processing processing (0-12) Seminative processing processing processing processing (0-12) Seminative processing	1 Never Married 2 Merried	FORCES? 1	YES 2 NO)	It yes, sp	cify Cuben, Mexica	in, Puerto	N? (Specify Yes Rican, etc.)	7.1	14. RACI	E — American Indian, k, White, etc.	
ALONZA B. Charnock 199. INFORMANTS NAME (Figurified) 190. MALINO ADDRESS (City and Mumber or Rural Route Number, City or News, State, Zp Cody) 1017 Cayer Dr., A 2014 A01, Glen Burnie, MD 21061 289. METHOD OF DISPOSITION 1.0 Burnie 2 Chremation 3 Removal from State 4 Donationy 6 Other (Specify) 1.0 Burnie 2 Chremation 3 Removal from State 4 Donationy 6 Other (Specify) 21. SUDNATURE for Fullyman Factor of Pu	(Specify only highest gi	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			ork done during mo retired.)	N st of working				DUSTRY		
Betty J. Charnock 1017 Cayer Dr., Apt. 401, Glen Burnie, MD 21061 289. MENTOD Or DISPOSITION 128 Burlis 2 Chemistry 3 Removel from State 2 Constitution 2 Removel from State 2 Constitution 2 Removel from State 2 Constitution 2 Removel from State 2 Constitution 2 Removel from State 2 Constitution 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 2 Removel from State 3 Removel from State 3 Removel from State 2 Removel from State 3 Rem									Sumame)			
Due to (or as a consequence of): Sequentially list conditions. If any lasding to immediate desth). Due to (or as a consequence of): Sequentially list conditions. If any, lasding to immediate desth). List only one cause on each line. Due to (or as a consequence of): Due to		ock									MD 21061	
MIMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O	Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E. Glen Burnie, MD 21061 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between line. Approximate interval Between											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intifiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREPORMED? DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUEN												
AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Milling S Pending Investigation S Death (Month, Dey, Yber) Sea. DATE OF INJURY At Nome, Service, Seciety Sea. DATE OF INJURY Sea. DATE OF IN	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
EXAMINER? YES 2 NO	Car	dians			the underlying) cause given in	Part I.	PERFOR	RMED?	24b	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 28e. DATE OF INJURY (Month, Dey, Year) 28e. DATE OF INJURY (Month, Dey, Year) 28e. DATE OF INJURY (Month, Dey, Year) 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. CERTIFIER 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. CERTIFIER 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 2 NO 28e	EXAMINER?	HOSPITAL:	FR/Outpetlant 3 🗆	004	OTHER:		m			1		
3 Suicide 4 Homicide 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 299. CERTIFIER (Check only one) 290. SIGNATURE AND TITLE OF CERTIFIER 290. SIGNATURE AND TITLE OF CERTIFIER 290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 286. LOCATION (Street and Number or Rural Route Number, City or Town, State) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State) 288. PLACE OF INJURY — At home, farm, street, factory, office 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State)	27. MANNER OF DEATH 1 Metural 5 Pending	28a. DATE OF IN (Month, Day,	NJURY 21	8b. TIME	OF 28c. INJ	JRY AT			NJURY OC	CURED		
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 29b. Signature and Title of Certifier 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	3 Suicide 6 Could not	be 28s. PLACE OF building, at	INJURY — At home, ic. (Specify)	farm, s	treet, factory, office		281. LOI City	CATION (Street or Town, State)	and Numbe	or or Rural I	Route Number,	
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) \$29d. DATE SIGNED (Month, Day, Year) \$29d. DATE SIGNED (Month, Day, Year) \$29d. DATE SIGNED (Month, Day, Year)	(Check only 1 CERTIFYING PH) and manner as stated	
	9		SU			29c. LICENSE NUI	MBER					
BASANT K KHANDELWAL M.D./1600 CRAIN HGWY S.W. #201/GLEN BURNLE, MD 21001						W #201	/CI FI	A BILBM.	TE N	4D 21	061	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriada be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to buriad, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020

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FUNERAL Within 72 h HOSPITAL

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1

31. DATE FILED (Month, Day, Year) AUG 1 2 1993

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L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nous after death. Page 6 may	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	thous and used into the place Dept. Or regularly mental regions prior to build, behaviour, or lettings. Hem 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must b
0	0 3	5 5
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. GEORGE CRIM, 1. DECEDENT'S NAME (First, Middle, Lest) JR. 2. DATE OF DEATH 3. TIME OF DEATH George Crim Jr. 93 1404 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Month, Day, Year) 47 251-74-9642 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore UMMS DIRECTOR Baltimore Cit RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 FES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2310 W. FAYETTE STREET 21223 U.S. OF A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ntary/Secondary (0-12) N/A College (1-4 or 5+) LABORER CONSTRUCTION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE CRIM. ANNIE BELL STEPHNEY Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ANNIE BELL CRIM 2310 W. FAYETTE STREET BALTIMORE, MARYLAND 21223 8 METHOD OF DISPOSITION
Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State BALTO. 1 Burial 2 Cremation
Donation 5 Other (Specify) DATE must BALTIMORE, MARYLAND CO. ARBUTUS" MEMORIAL PARK 8/14/93 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN T. GWYNN FUNERAL HOME 21215-6393 Lewis I Hw LEWIS 4517 PARK HGHTS. AVE. BALTIMORE, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart fallure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disesse or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER

| CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 4-93 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WHMS

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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	1 - STATE REGISTRAR	SIAIE UF MARTI	CERTIF	ICATE	OF DEATH		EG. NO.	23412	
	1. DECEDENT'S NAME (First, Middle, Last)	4RCHER	CZ	74TE	N	2. DATE OF I		3. TIME OF DEATH 4.07 Pom	
OR	4. SOCIAL SECURITY NUMBER 214-01-8428	6. SEX 1 1 M 2 F	(In yrs. lauft birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS. MYS HOURS MIN.	7. DATE OF E		BIRTHPLACE (State or Foreign Country) BALTIMORE, M	
	98. FACILITY NAME (If not institution, give street and number), HOSP. 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 96. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10e. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY	
	MARYLAND BE	LTIMORE	Co. t.	ARKU	ILLE TOUR	216		1 TES 2 NO	
FUNERAL	3324 ACT	TON ROI	34	U U	S.A.				
	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 ANO	If ye	a, specify Cuban, Mexic	en, Puerto Ricer	GIN? (Specify Yea or No — 14, RACE		
) BY	3 Widowed 4 Divorced	IF YES, DIVE WAR OR	DATES	1 10	YES 2 NO Spec	ity:		SWHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Sepondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT u	work done durli	PATION og most of working		D OF BUSINESS/INDUS		
MPL	8		SA	HESI			SEAL T	E57	
BE CO	17. FATHER'S NAME (First, Middle, Last) GEORGE A)	ECHER	CLAYTO	W,S	e, DELL	AME (First, Middle	, Malden Sumame)	y	
2	19a. INFORMANT'S NAME (Type/Pdnt)	RECORDS	19b. MAILING	AMES AME	rget and Number or Rura	ABOT	City or Town, State, Zip Co	ode)	
	20s. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		Ob. PLACE AND DATE		N (Name of PA)	DATE 26 8-9	20c. LOCATION — City POPV VI	y or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LICITY 22. NAME AND ADDRESS OF FACILITY FIRST LICITY FIRST F								
	· 19hen	J. ga	nmac	カモ	י כמידוט			1/2	
	23. PARY I. Enser the diseases, or strock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. Acute	each line.		mode of dying, su	ch aa cardiac	or reapiratory arrea	t, Approximata interval Between Onset and Daath	
z		b	A CONSEQUENCE C	or j.					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE. (Disease or injury								
RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	PF):					
	PART II. Other aignificent condition	na contributing to death	but not resulting	in the unda	rlying ceuse given is	n Part I. 24	L WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
DICAL						1(PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MED								1 TYES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			8. PLACE OF DEATH (C	theck only one)			
IVSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou			Home 5 - Residence			250	
BY P	1 Netural 5 Pending 2 Accident Investigation	290. DESCRI	Id. DESCRISE HOW INJURY OCCURED						
	3 Suicide 6 Could not ba 4 Homicide determined	29a. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, secify)	street, factory,	offica	281. LOCATIO City or To	N (Street and Number or wn, State)	Rurel Route Number,	
COMPLETED		ICIAN: To the best of my kno ER: On the beals of examinat						ause(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE Bru H. Kall	NO			D Z86	62	▶ 8	19NED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type	05/6r	Dr. 4	4410	21204	7	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

AUG 1 2 1993

32. REGISTRAR'S SIONATURE

FOR STATE REGISTRA	AR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIMIE OF I	MANIL	CERTIF					MENIAL	REG. N			
1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TIME OF DEATH
Myrtle Ca	lder								MONTH		DAY 09	93	0358 M
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (n yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	-	OF BIRTH		-	HPLACE (State or Foreign
218-74-23	16	1 M 2 X F	9	O YRS.	MONTHS	DAYS	HOURS	MIN.	3/	12/0	3	Count	Baltimore
9e. FACILITY NAME (If not in	nstitution, give	street end number)			9b. CITY,	TOWN O	R LOCATI	ON OF D		12, 0		UNTY OF D	
Union Mem		Hospit	al	Extende	d C	are	Uni	it	Bal	to.			
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
MD				I	Balt	imo	re						1 X YES 2 NO
10e. STREET AND NUMBER							ZIP COD	E			10g. C	ITIZEN OF	WHAT COUNTRY?
1414 Ber	ry St	reet					212	211				U.S	. A
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2-F-100	100	If yes, spi		n, Mexica	en, Puerto F		Yee or No-	14. RAC Blac Spec	E — American Indien, ck, White, stc. city: White
15 DEC	CEDENT'S EDL	•	11//	16a, DECEDENT'S				_		KIND OF I	SUSINESS/I	MULICITAN	WIIICE
	ly highest grade		+)	(Give kind of life. Do NOT u	work done o	during mo		ng		KIND OF E		NDOSTRI	
17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOT	HER'S NA	AME (First, I	Alddle, Maid	en Sumeme)	
Dieverex	a siexto	XXXXXXX W	ILLI	AM VARIN	NA.			Dec	eas	XXX	W/A	SOPH:	IA R. KRAFT
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Numbe						
Lidie	Gegne	r		3803	Rolar	nd A	Aveni	ue.	Balt:	lmore	. Md.	212	11
20e. METHOD OF DISPOSIT			20b	PLACE OF DISPO							LOCATION		
XX Buriel 2 ☐ Cremati 4 ☐ Donation 5 ☐ Othe		NOVEL TOM STATE	_ Du	laney Va	alley	Mei	n Gdi	as		Coc	keys	7ille	. Md
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	11	1			D ADDRE				110,0		
1	Mar	10.	t 1	h		A. A	Alan	Sei	tz,	Jr. F	unera	1 Ho	me
23. PART i. Enter the deshock, or in immediate CAUSE (Fi disease or condition resulting in death)	neart failure.	a. Cereb	ral	ech line.	lar					flac or re	spiretory	srrest,	Approximate interval Between Onset end Death 2 mos-
Sequentisity list condition in the condition of the condi	diate /ING	b	(OR AS A	CONSEQUENCE O	OF):								-,
CAUSE (Disesse or injuthat initiated events resulting in death) LAS		d.	(OR AS A	CONSEQUENCE	OF):								
PART II. Other algnific	ant conditio	ns contributing to	death b	ut not resulting	in the ur	nderlyin	g cause	given ir	Part I.	PERF	AN AUTOPS FORMED?	SY 24	Ib. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. PI	ACE OF D	DEATH (C	heck only or	ne)			
EXAMINER?		HOSPITAL:	T 50/0		OTHE	R:				,			
27. MANNER OF DEATH	Pending	28e. DATE Of (Month, I	FINJURY	28b. Til		28c. INJ WC			8 Othe		W INJURY	OCCURED	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY , atc. (Spec	— At home, farm,	street, fact	tory, offic	•		281. LOC City	ATION (Street or Town, St.	et end Num ete)	ber or Rurei	Route Number,
Torroom only		SICIAN: To the best of											r(s) end menner ee stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	ER					29c. LIC	ENSE NU	JMBER		29d. [ATE SIONE	ED (Month, Day, Year)
Beten de	are	mo					8506	2081	28 E		1	-9-9	73
Peter Co	OF PERSON W	The tar	SE OF DE	ATH (ITEM 27) (Typ	e, Print)	22				St	بأري	(50 F	altime 45
31. DATE FILED (Month, Day		32. REGISTR	AR'S SION	ATURE Andelle	· ing	- 70	13 /	- (4)	IVAL		J AC	0 0	TIME 70
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Journal after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requ
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been agoned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE	0F		/ DEPARTMENT CERTIFICATE		
Т		_	-			

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.		
4	1. DECEDENT'S NAME (First, Middle, Last) JAME S	R. I	DUNN	JR.	2. DATE OF DEATH MONTH, DAY	year 93 1. Time of Oeath	
	4. SOCIAL SECURITY NUMBER 219-12-9492	1 M 2 0 F 6	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 25	8. BIRTHPLACE (State or Foreign Sountry) BALTO - MD -	
TOR	9a. FACILITY NAME (If not institution, give s SOUTH RESIDENCE OF DECEDENT	HOSP.	9b. C	BALTIN	NORE 7	OWSON	
DIRECTOR	106. STATE 106. COUNTY	TIMORE	O. BA	TO OR LOCATION	E	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
VERAL	100. STREET AND NUMBER 7624 PERA	PING TER	RACE	10f. ZIP CODE	3 4 10g. CIT	1 - S A	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	2 NO	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	IGA. DECEDENT'S USUAL	ne during most of working	16b. KIND OF BUSINESS/INI	DUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)	- 1	MACHTA	P 18. MOTHER'S N	MAE (First, Middle, Malden Surname)	PURCOR	
TO BE COM	19a, INFORMANT'S NAME (Type/Print)	PERMEDS	19b. MAILING ADDR	ESS (Street and Number or Rura	Route Number, City or Town, State, Zi	CODE GORSAG	
8	20s. METHOD OF DISPOSITION 1	oval from State 20b. P	PLACE AND DATE OF OISE	POSITION (Name of Part)	DATE 20c. MOCATION -	City or Town, State	
examiner must	21. SIGNATURE OF FUNERAL SERVICE LIC	Lensee James	100677	22. NAME AND ADDRESS OF F	WARRAL (HARET	
ent, the medical	23. PARTY I. Sinter the disease, or of shock, or hear failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Examplications that ceused in List only one cause on acc	= NSION	ter tha mode of dying, su	ch as cardiac or reapiratory an	Approximate Interval Between Onset and Death	
or other traumatic event,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	YSTEM	FARIURE	,	2 weeks	
Injury.	PART II. Other significant condition MYOCARDIA CORONARY		ion	undariying cause given ir	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)		
PHY	1 YES 2 NO 27. MANNER OF CEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outpet 26e. DATE OF INJURY (Month, Day, Year)	lent 3 DOA 4 1	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify	- At home, farm, street,		28f. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,	
ANT: If Item 28 COMPLETE					e to the cause(a) and manner as sta e time, date and place, and due to ti		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	MA	M .D H (ITEM 27) (Type, Print)	29c. LICENSE NU P36	MBER 29d, DAT ▶ {	TE SIGNED (Month, Day, Year)	
10	31. DATE FILED (Month, Day, Year) AUG 1 2 1993	22. REGISTRAR'S SIGNAT	une fandell				

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICAT	TE OF DEATH	REG. NO) .		
1. DECEDENT'S NAME (First, Middle, La.	Charles R	obert Dunha	ım, Jr.		DAY YEAR	3. TIME OF OEATH	
4. SOCIAL SECURITY NUMBER 181 to 16 to 5857	1 → M 2 □ F	n yrs. lest birthdey) IF UNIT	DER 1 YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.	0 8 7. DATE OF BIRTH (Month, Day, Year) 1 2 → 7 → 1 9	Cour	1:26 PA THPLACE (State or Foreign ntry) Pennsylvania	
Se. FACILITY NAME (If not institution, gir	Y MEDICAL CE		LTIMORE CT	DEATH	9c. COUNTY OF		
FRANCIS S.KEY RESIDENCE OF DECEDENT 100. STATE 100. COU Maryland	Baltimore	10c. CITY, TOW	n of location Dun	dalk		10d. INSIDE CITY LIMITS? 1 TYES 2 NO	
10e. STREET AND NUMBER 8507 Kavanagh 1 11. MARITAL STATUS 1 Never Married 2 [X] Married	Road		101. ZIP CODE	1222		ed States	
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA A/My WW I	2 NO	IS. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 (X) NO Speci	an, Puerto Rican, atc.)		CE — American Indian, ack, White, etc. White	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 8th Grade 17. FATHER'S NAME (First, Middle, Last)	COUCATION ade completed) College (1-4 or 5+)	life. Do NOT use retired	ne during most of working		hem Stee	l Carp.	
	n Dunham		18. MOTHER'S N	AME (First, Middle, Meide e Mae Coll	n Surname)		
Charles William 190, INFORMANT'S NAME (Type/Print)	n Dunnan	19b. MAILING ADDRI	ESS (Street and Number or Rura				
Mrs. Norma J. 1		8507 Kay	anagh Road	Dundalk, M	laryland	21222	
20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from State 20b.	PLACE AND DATE OF DISP	cosition (Name of Cemetery 8/	13/93	ocation - chy or Baltiman	Town, State o. Maruland	
21. SIGNATURE OF FUNERIAL SERVICE	W. Last	/ i	22. NAME AND ADDRESS OF F Duda-Ruck Fun 1922 Wise Ave	eral Home	of Dunda	elk, Inc.	
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):					
PART II. Other significent condit	ions contributing to deeth bu	ut not resulting in the	underlying cause given i		DRMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO	
2S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. VEX.YES 2 \(\text{NO} \)	HOSPITAL: 1 Inpatient	OTH					
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Pursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	28d, OESCRIBE HOW	INJURY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not determined	be 25e. PLACE OF INJURY building, atc. (Spec	— At home, term, street,		261. LOCATION (Stree City or Town, Steff	t and Number or Run e)	al Route Number,	
cont only	IVSICIAN: To the best of my knowl					e(s) end manner ee stated.	
296. SIGNATURE AND TITLE OF CERTI	men/ A o d	(10)	29c. LICENSE N			1. DATE SIGNED (Month, Day, Year) 08/10/93	
30. NAME AND ADDRESS OF PERSON	OCKE, MOI	11 Penn S	Street, Bal				
AUG 1 2 199	32. REGISTRAR'S SIGNA			3 4			

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
AUG 1 2 1993

32. REGISTRAR'S SIGNATURE his Devidour

TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 234 16 CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Lest WILLIAM E	William DASHIE	Edward Da	shiell	2. DATE OF DEATH	93	3, TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 214-03-7471 9a. FACILITY NAME (If not institution, give	1. M 2 F	85 YRS.	F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN. Pb. CITY, TOWN OR LOCATION OF I		Country	yland					
Church Hospital			Baltimore Cit	У							
10a. STATE 10b. COUN Marvland	TY		imore City			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
397 Oriole Avenue		1 200.0	101. ZIP CODE 27 224	1	10g. CITIZEN OF WI	HAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	No 14. RACE Black, Specify	ACE — American Indian, lack, White, etc. pecify:									
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8+) College (1-4 or 8+) 166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Superintendent Food Processing											
17. FATHER'S NAME (First, Middle, Last) Charles Dashiel	1	1 Date: 111	16. MOTHER'S N	IAME (First, Middle, Maiden Sui eth Poster							
19a. INFORMANT'S NAME (Type/Print) Lena Dashiell			DDRESS (Street and Number or Rura			יו מסט					
20a. METHOD OF DISPOSITION 15 Burlal 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE OF cemetery, cremetory or oth Oaklawn Ce	DISPOSITION (Name of place)	OATE 20c. LOCAT	TION — City or Tow						
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	who	22. NAME AND ADDRESS OF Bruzdzinski	Funeral Home	PA						
23. PART I. Enter the diseases, o shock, or heart felium immediate CAUSE (Final disease or condition resulting in death)	a. Cere	bro Vascula	r accident	AVENUE ESSE ch as cardiac or reapirat	tory arreat,	Approximate interval Between Onset and Death					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	AS A CONSEQUENCE OF)									
that initiated events resulting in death) LAST	d	AS A CONSEQUENCE OF)		Maria.							
PART II. Other eignificent conditions Pneumonia Urinary Track		th but not reaulting in	the underlying ceuse given i	n Part I. 24e, WAS AN AU PERFORME 1 TYES 2	ED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE DF DEATH (COTHER:								
27. MANNER OF OEATN 1. Netural 5 Pending 2 Accident Investigation	26a. OATE OF INJU	JRY 26b. TIME	OF 28c, INJURY AT	28d. OESCRIBE NOW INJU	URY OCCURED	200					
3 Suicide 6 Could not b 4 Nomicide determined	28e, PLACE DE IN.	JURY — At home, farm, st (Specify)	eet, factory, office	261. LOCATION (Street and City or Town, State)	d Number or Rural Ru	oute Number,					
one)			at the time, data and place, and d			and manner as stated,					
SIGNATURE AND TITLE OF CERTIF	Ned J	Cas indic	29C LICENSE N	UMBER 2	end. DATE SIGNED	(Month, Day, Year)					
	17.00	your our,	10 KO.	510	8/10	0/93					

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21208-3148-5	ours after death. Page 6 may be retained by the hospital or management.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use an the character performent. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within war after death. Page 6 may be retained by the hospital or arrest	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 20pm Chan 73 5. SEX 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. 7. DATE OF BIRTH (Menth, Day, Year) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 | F DAYS 4-2-2 = 1903 201-01-162 U 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR hera RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? many land Linthicin Heyl 1 YES 2 KNO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f, ZIP CODE 21090 209 USA ولط Ouc Ct 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married white BY 3 Midowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) BAIT- GAS + Electric -oreman 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden St. Edward MACYANN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21090 2 PYLES Ann ct. OAK 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20h. PLACE OF DISPOSITION (Name of cemetery, crematory or Baltimore, CECAP 08/12/93 cem 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BAIT MD McCully Funeral Home 237 E Patapsco Auc 0 H 21225 23. PART L Enter the diseases, or complications that cause Approximate the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, Dr heert failure. Liet Dnly Dne ceuse on eech line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ARCUD MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? aucenon etastates 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 4 Nursing Home 8 Residence 6 Other (Specify) 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Jein 35740 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) nella Par MD 301 50 nD ine 32. REGISTRAR'S SIGNATURE 31, DATE FILED (Month, Day, Year)

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Las				4 TT / TT / M	AY YEAF				
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	6 90	UNDER 1 YEAR IF UNDER 24 H		6. BIF	THPLACE (State or Foreign unity)			
Se. FACILITY NAMP (If not institution, gh	1 M 2 F	YRS.	. CITY, TOWN OR LOCATION O	1-9-2	Sc. COUNTY OF	MO			
	Ito. Medic	:A/	Bulls,		Mo	(.			
GREATER BALLINGE TOP TOP TOP TOP TOP TOP TOP TOP TOP TOP	TATE 106. COUNTY 10c. CITY, TOWN OR LOCATION BALLMORE CITY								
100. STREET AND NUMBER 3/14 Wolcott 11. MARITAL STATUS 1 Mary Married 2 Married	f Ave.		101. ZIP CODE	,	10g. CITIZEN O	F WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DATE	2 NO		SPANIC ORIGIN? (Specify Yearloan, Puerto Rican, etc.) pecify:	BI	ACE — American Indian, lack, White, etc.			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	We. Do NOT use re	done during most of working stred.) -	16b. KIND OF BU	SINESS/INDUSTRY				
Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last)		F.HDE	RER 16. MOTNER	S NAME (First, Middle, Melden	Sumeme)				
WILLIAM FR	15bx			NORA	Gurrerrey				
P 190. INFORMANT'S NAME (Type/Pylnt) P Elizabeth	H1991N3	196. MAILING AD	DRESS (Street and Number or F		n, State, Zip Code)	116			
20e. METNOD OF DISPOSITION 1 Spurial 2 Cremation 3 R 4 Donation B Cther (Specify)	amoval from State 20b.1	PLACE AND DATE OF Ditery, greenedory or other	DISPOSITION (Name of place),		CATION - City or	Town, State			
21. SIGNATURE OF FURERAL BERYICE	WOLLING.		22. NAME AND ADDRESS O WILLIAM 1 1206 W.		OMM. FI	H			
immediate cause (Final disease or condition resulting in death)	s. metast.	consequence on	rostate Ca	mcer w	ith	Onset and Death			
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury								
resulting in death) LAST	d								
PART II. Other algorithment conditions to the part of	ona contributing to deeth bu	it not reaulting in t	he underlying ceuse give	n in Part I. 24e. WAS AN PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH									
EXAMINER?	HOSPIFAL:		26. PLACE OF DEATH THER: Nursing Nome 5 Reside						
1 22 Material 3 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY AT	28d. DESCRIBE HOW	NJURY OCCURED				
	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stre-	et, factory, office	28f. LOCATION (Street City or Town, Stete)		al Route Number,			
	YSICIAN: To the best of my knowle					e(a) and menner ea stated.			
STANK	my Miley		29c, LIGHNSE	NUMBER 15205	29d. DATE SIGN	ED (Month, Day, Year)			
GBMC	WHO COMPLETED CAUSE OF DEA	ТН (ITEM 27) (Турк, <i>Р</i> е	MO .						
AUG 1 2 1993	Julia Davidson	Pandelle		Million (A)		13 16			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE	OF	DEAT	H	F	REG. NO				
1. DECEDENT'S NAME (First			7.5						2. DATE OF MONTH		AY	YEAR	3. TIME OF	DEATH
	zabet		V.		RITZ				Augu		8.199	3	5:15	i b
4. SOCIAL SECURITY NUMBER 216 28 76		5. SEX 1 M 2 F	6. AGE (In yr	s. last birthday) YRS.	IF UNDER	DAYB	IF UNDER	MIN.	7. DATE OF (Month, De Oct.	sy, Ybar)	933	6. BIRTH	PLACE (State	or Foreign
9e. FACILITY NAME (If not in	stitution, give stre	e Hospit					Ville			/ -	9c. COUNT	TY OF D	EATN	
RESIDENCE OF DE	EDENT		_								Dail	Till	ore C	ount
RESIDENCE OF DEC												10d. INSIDE	37	
10e. STREET AND NUMBER	100. STREET AND NUMBER 1308 Hock Lane							2122	1		10g. CITIZ	EN OF V	WHAT COUNT	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT EVER IN U.S. ARMED 17. Never Married 18. WAS DECEDENT EVER IN U.S. ARMED 19. Never Married								IIC ORIGIN? (S		s or No—	14, RACE Black	E America k, White, atc.	n Indien,	
3 WWIdowed 4 Dive	Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 → NO Specify:									Spec	White	L (4		
15. DEC (Specify on	EDENT'S EDUCA		160	Give kind of				a	16b. KII	ND OF BU	SINESS/INDU	STRY	1900	
15. DEC (Specify on Elementary/Secondary (1 12) 17. FATHER'S NAME (First, M. John		College (1-4 or 5 d	•)	Houses	e retired.)					Hom	e			
	Ketch	ıum					18. MOTH		ME (First, Midd	Libk	Sumame)			7 55
194. INFORMANT'S NAME (_	401 444 1110				0		40 0				
Kimberly T		Daughter							• Coon				· 555 ¹	48
20e. METHOD OF DEPOSIT XIX Burlel 2, 2 Communication 5	on 3 Thimos	val from State	20b. PL	ACEAND DATE	ther place)	ITION (Ne	me ol	rde	DATE n 8/11	20c. LO	Maddl	elty or To	own, State	Md
21. SIGNATURE OF FUNERA	and the same of th	MSB	1101		22.1	NAME A	ND ADDRES	S OF FA	CILITY				TAGE,	2348
Vaker for	-1	1	70	1	- E	Bruz	dzins	ski	Funera	1 Ho	me PA			
disease or condition resulting in death) Sequentially flat condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS	diate ING Jry c.	A The	OF AS A CO	NSEQUENCE OF	100	a	de	ho	T vas	ess	las to	De		
PART II. Other algnific	int conditions	contributing to	death but i	De ac	In the un	deriyin	g cause g	iven in		e. WAS AN PERFOI	11	24b	AMILABLE COMPLETION OF DEATH?	PRIOR TO N OF CAUSE
Verylun	su (Vase	wer		5		-	_	-				1 TYES	2 NO
25. WAS CASE REFERRED 1	O MEDICAL					26. PI	ACE OF DE	EATH (Chi	ck only one)			_		
EXAMINER?		HOSPITAL:	FR/Outpatie	m 3 🗆 DOA	OTHER		* C D	oldanna	6 Other (S	man#h.l				
27. MANNER OF DEATN	Pending	28e. DATE OF (Month, D	INJURY	26b. TIM		28c. INJ WC	URY AT				INJURY OCCI	URED		
2 Accident	Investigation Could not be	28e. PLACE O building,	F INJURY — atc. (Specify)	At home, farm,	atreet, facto		YES 2	NO	28f. LOCATIO	ON (Street bwn, State)	end Number o	or Rural I	Route Number	τ,
4 Nomicide	determined													- 3
ana)		CIAN: To the best of t: On the beste of e											e) and manne	or as stated,
298. SECRETARISANO TITLI	OF CONTIFIER					-	29c. LICE	NSE NUA	IBER		29d. DATE	SIGNED	(Mary Day	ybar)
SO NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAU	SE OF DEATH	(ITEM 27) (Rese	Print1		113	40	16	-	1 8	14	4	
Peter holi	c=4,6	20	1308	5 60	con	ess	- C	for	Wy	6	de	eu	200	MO
AUG 1 2	1993	32. REGISTRA	AR'S SIGNATU	ne indest					1		/			

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the four sher death. Page 6 may be retained by the intending physician and completely liked in by the funeral director, page 5 should be entached for me as the burnary be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

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	and I would be	The state of		
	ordated .ov. mod			
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	*A CO. A	d pro-		

8. BIRTHPLACE (State or Foreign Country)

YEAR

93

9c. COUNTY OF DEATN

3. TIME OF DEATN

11:25 1

Maryland

10d. INSIDE CITY LIMITS?

1 YES 2 X NO

2. DATE OF DEATH MONTH

7. DATE OF BIRTN (Month, Day, Year)

6-2-1905

DAY

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

215-60-3051

RESIDENCE OF DECEDENT

Maryland

Gover

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATN

Baltimore City

Dundalk

Thelma

6. AGE (In yrs. lest birthday)

88

Anna

Baltimore

5. SEX

Francis Scott Key Medical Center

1 M 2 X F

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FUNERAL	100. STREET AND NUMBER 524 Fairview Av	101.	ZIP CODE	1224		10g. CITIZEN OF WHAT COUNTRY? United States				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2X XNO	13. WAS DEC	ENDENT OF NISPAN polity Cuban, Maxica 2XXNO Specify	n, Puarto Rican	pecify Yea or No—	14. RACE — Black, V Specify:	American Indian, White, atc.	
TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION done during mos	N st of working	16b. KINI	D OF BUSINESS/INC	OUSTRY		
PLET	Elementary/Secondary (0-12) ELEMENTARY	College (1-4 or 5+)	Homemak				Own Hon	no		
COMPL	17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname)									
ı	John Kirchoff		91.10		Minnie				1300	
0	19a. INFORMANT'S NAME (Type/Print) Mr. Walter F. G.	22k Tu					ity or Town, State, Zip			
	20a. METNOD OF DISPOSITION	20b.	PLACE AND DATE OF D			DATE	20c. LOCATION -		1d 21236	
	X N Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		etery, grematory or other				Baltimo			
	21. SIGNATURE OF FONERAL SERVICE LI	CENSEE	///		D ADDRESS OF FA					
	* Charle	W-Test		7922	Ruck tur	ieral t	tome of 1	undal	k, Inc.	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on ea	the death. Do not	anter the mo	de of dying, suci	a cardiac	or respiratory an	reat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final								Onset and Dear	
	resulting in death)	SEPTICE	CONSEQUENCE OF):						loty	
,		ItECL	CONSEQUENCE OF:	77 QU	- ORESU	MEN	SULPCI	C	2 WEEK	
2	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		Thesa	y en	J-0 400(1	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	(Disease or Injury C. Prison to Application of the Control of the								
ERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
0	DART II Other simulfinest condition	G.	A							
3	PART II. Other significant condition		_	ne undertying	cause given in	PERFORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE		
EDICAL		CARDIOMYOPATHY.					_ 1 YES 2 NO OF		F OEATH?	
2			-		'	□ tes s\\ \(\text{MO} \)				
ZA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	ock only one)				
YSICIAN:	1 YES 2 NO	HOSPITAL:		THER: Nursing Nom	o 5 ☐ Residence	6 🗆 Other (Spe	ecity)			
1	27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	RK?	28d. DESCRIE	BE NOW INJURY OC	CURED		
	2 Accident Investigation	28e. PLACE OF INJURY	— At home, ferm, stre		ES 2 NO	28f. LOCATION	N (Street and Number	or Rural Bour	to Number	
ED	4 Nomicide 6 Could not be	building, etc. (Special	fy)			City or Tox				
	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of my knowle	edge, death occurred a	it the time, data	and place, and due	to the cause(a)	and manner as stat	ed.	73.0	
COMP		ER: On the basis of exemination							nd manner as stated,	
Ŭ W	29b. SIGNATURE AND TITLE OF CERTIFIE	3			29c. LICENSE NUN	IBER	29d. DAT	E SIGNED (M	onth, Day, Year)	
O BE	A POU ONY		RESIDE		200	11	•	8/19	1993	
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	int)					18.5	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TIPE					0.1		
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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	TEGIOTIAN					ICAL		DLA		HE	G. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)	Geo	rge wash	inat	on G	ent)			2. DATE OF DE	EATH DAY	1 0	JEAR	3. TIME OF DEATH
		- V T			_					Aug	9	9	3	12.05 M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In y/c las		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIF (Month, Day,			8. BIRTH Countr	PLACE (State or Foreign
	224-10-978		1 M 2 F	85	YRS.		UNIT O	Woons	Mills.	4-15	-190	8		irginia
-	9a. FACILITY NAME (If not in:	stitution, give stre	et and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	Harbor Hospital				Baltimore City									
5	RESIDENCE OF DEC	EDENT							-	709				
2		10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland		Baltim	ore					Du	indalk				1 - YES 2 X NO
FUNERAL	10a. STREET AND NUMBER						101	ZIP COD	E			10g. CITI	ZEN OF W	VHAT COUNTRY?
ii i	1504 Vesp	er Aven	ue							21222			Unit	ed States
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Spe	city Yan			- American Indian,
BY	1 Never Married 2 3 X-Widowed 4 Divo		IF YES, GIVE Y		0				n, Mexicar Specify	n, Puerto Ricen,	etc.)		Speci	··
	3 25 Wildowed 4 Divol	reso				<u> </u>							-	" White
COMPLETED	15. DECI (Specify only	EDENT'S EDUCA highest grade co	TION impleted)	18e, DE(CEDENT'S	USUAL O	CCUPATIO	N st of workin	207	16b. KIND	OF BUSI	NESS/IND	USTRY	
<u>"</u>	Elementary/Secondary (0-	-12)	College (1-4 or 5		Do NOT us	e retired.)			-10					
₽ I	4th Grade				Stee	lwor	.ker		_	Beth	rleh	em S	teel	Corp.
8	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle,				
BE	Tobias Gei	ntry						C	ora	B. Cont	Reu			
6	19a. INFORMANT'S NAME (7)	rpe/Print)		196	. MAILING	ADDRESS	S (Street a			loute Number, City		State, Zip	Code)	
F	James E. B.	lankens	hip		1504	Ves	per	Auon	1110	Dundalk	2 M	anul	and	21222
1	20a METHOD OF DISPOSITI	ON		20b. PLACE A	NDDATE	OF DISPOS	ITION /Na	me of		DATE	20c LOC	ATION -		
	1/□ Buriel 2 □ Cremation 4 □ Donation 5 □ Other	n 3 ⊔ Remov (Specify)	al from Stata	cemetery, crei	matory or o	ther piece)	oton	11	8/	12/93	R	alti	maka	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
1	Duda-Ruck Funeral Home of Dundalk. Inc.													
	Ciun	"" "	100	4			7922	Wis	e Au	e. Dur	rdal	k, M	D 2	1222
	23. PART I. Enter the di- ehock, or he	seases, or con pert fellure. Li	mplicetione that at only one ceu	it caused the decuse on each line.	eth. Do r	ot enter	the mo	de of dy	ing, such	n sa cerdiec o	r reepin	ntory srr	est,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (FIn	el	5			,		4				,		
	diseese or condition	→ a.	1-ne	umor	rice	, 5	rice	rle	ral	, nos	000	me	of.	Onset and Death 4 days
- 1			DUE TO	(OR AS A CONSEC	UENCE O	7:							-	
Z	Sequentielly list condition	b.												
ĔI	if any, leading to immed	diste	DUE TO	(OR AS A CONSEO	UENCE OF	ን:								
2	CAUSE (Disease or Injur													
CERTIFICATION	that initiated events resulting in death) LAS1		DUE TO	(OR AS A CONSEO	UENCE OF	ን:								
£	reacting in death, End	d.												
	PART II. Other significen	nt conditions	contributing to	death but not re	eulting	n the ur	derivino	COURA	alven In I	Part i 24a Y	MAS AN A	UPPREV	246	WERE AUTOPSY FINDINGS
EDICAL	- A	- S C	VD At	horoscl	ant	co	500	OVO	sid	2.c F	PERFORM		240.	AMAILABLE PRIOR TO
		7 1/6	- 0		110	a c.L	- 6	1	30,00	- 1 10	YES 2 [NO		OF DEATH?
Σ	- rimer-	o Ht	- Cono	estive	74	21		an	ure	_				1 TES 2 NO
ÿ														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)				
YS	1 TYES 2 NO	1	/	ER/Outpatient 3	□ DOA			5 🗆 Re	sidence	8 🗆 Other (Spec	ify)			
품	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJ	JRY AT RK?		28d. DESCRIBE	HOW IN	JURY OCC	URED	
À		nvestigation				М		ES 2	NO					
		Could not be	28s. PLACE O building,	F INJURY At hor etc. (Specify)	ne, farm, s	treet, fact	ory, office			28f. LOCATION City or Town		d Number	or Rurai A	oute Number,
COMPLETED	4 Homicide d	fetermined												
2 1	29a. CERTIFIER 1 CERTI	FYING PHYSICI	N. To the best of	my knowledge, des	th occum	d at the t	lme, data	and place,	and due t	to the cause(a) a	nd mann	or so state	ed.	
3														and manner as stated.
	29b. SIGNATURE AND TITLE	/		1 .					NSE NUM					
BE	mo	Calo	rera.	· Hor	se o	260	00	44	~	BER	- 1	ZVG. DATE	D / C	(Month, Day, Year)
P F	30. NAME AND ADDRESS OF	PERSON WING	OMPLETER					1.1	-1			- 0	/	//13
				OF OF PENIN (II EM	≟rj(nype,	rum)								
-	At part files dies De Veri													
10	31. DATE FILED (Month, Day,)	1002	0	R'S SIGNATURE	7.00									
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last,		Jesse	D Cri	mm Tra	2. DATE OF DEATH DON'TH D		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IT UNDER 24 HRS.	08 00				
	215Ø 09-3128	1)XX M 23X1	1 80 yrs. MC	NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 1	2 M	RTHPLACE (State or Foreign ountry) aryland		
СТОВ	Frances Scott Key Medical Cent Balto.City, Md. Besidence of Decedent									
DIREC		10b. COUNTY 10c. CITY, TOWN OR LOCATION Brooklyn Park, Md. 10d								
FUNERAL	10. STREET AND NUMBER 650 Sunse	t Ctrin			21225			1 YES ZYNO		
S	11. MARITAL STATUS	12 WAS DECEDENT EVED II	N U.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Yes	USA or No — 14. 8	ACE — American Indian,		
BY	1 Never Married 2 Married	FORCES? 1 YES	ATES THO		ecify Cuben, Mexical 24 NO Specify	n, Puarto Rican, etc.)	8	Mack, White, etc. White		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	le completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo:	ON st of working	16b. KIND OF BU				
OMPL	6th.Grade	College (1-4 or 5+)	Truck	Drive	er	W.T.	Cowan			
Ö	17. FATHER'S NAME (First, Middle, Last)	2	_			ME (First, Middle, Meiden				
ᇜ	Jesse I	Bernard Gri		DOTOD (Or 1	Eliza			eidl		
TO BI	Dolores Holtzan		779	W.Cros	ss St.Ba	alto.Md.	21230			
	1 Buriel 2 & Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Metro Crematory Inc. 8/9/93 Catonsville, Md.									
	21. BIGHATURE OF FUNERAL SERVICE L	L. H.S.	A.	22. NAME AN	ID ADDRESS OF FAC	ELLITY	Balto.N	Md. 21230 E.Fort Ave		
AL CERTIFICATION	23. PART I. Soler the diseases, or complications that caused the dealm on not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE DF): DUE TO (OR AS A CONSEDUENCE DF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF): d. OUE TO (OR AS A CONSEDUENCE OF):									
: MEDIC	PART II. Other significant condition	ens contributing to death b	ut not resulting in t	ha underlying	cause given in i	Pert I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	[0	26. PL	ACE DF OEATH (Che	ck only one)				
≚	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY		Nursing Home	5 G Rasidence					
D BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y	RK? 'ES 2 NO	28d. ØEŞCRIBE HOW II				
ETEO	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	t, factory, offica		281. LOCATION (Street a City or Town, State)	ind Number or Rui	ral Route Number,		
릴		SICIAN: To the best of my knowl IER: Dn the basis of examination						ne(a) and manner as stated.		
O BE COM	296. SIGNATURE AND TITLE OF CERTIFIE	ON X M	D_		29c. LICENSE NUM		29d. DATE SIGN	NED (Month, Day, Year)		
	30. NAME AND AODRESS OF PERSON W	Il - FRANCE	SSCOT		ey ne	DICAL	CEN	TER		
	SI. DATE FILED (Month, Day, Year)	FEGISTRAR'S SIGN								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	24 hours after death. Page 6 may be retained by the hospital or attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filled within 70 hours after death with the Case how of Meanth and Meanal Harington and many in humanian or named	filled in by the funeral director, page 5 should be detached for use as the burial-t
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.

TO BE CO!

296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON NATIVIDAD

31. DATE FILEO (Month, Day, Year)

AUG 1 2 1993

							93	23423
	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RIMENT OF HEA	ALTH AND N	MENTAL HYGIEN REG. NO.	_	
	1. DECEDENT'S NAME TIST, Middle, Last) Charles Gallagi	er				2. DATE OF DEATH		S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-09-8975		GE (In yrs. lest birthday) YRS.		F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Morth, Day, Mar) 2/22/190		BIRTHPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give ST. bs. Hosp.	OCATION OF DE		9c. COUNTY	OF DEATH			
DIRECTOR	10a. STATE 10b. COUNT	TIMORE	(O) 10c. CIT	Y, TOWH OR LOCATION				10d. INSIDE CITY LIMITS?
FUNERAL (100. STREET AND NUMBER 2920 KINGS	RIDGE F	DAD APTO	F. 101. ZH	P CODE	+	iog. Citizen	1 ☐ YES 2 PNO N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO		y Cuber, Mexicar	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, wc. Specify:
8	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S	USUAL OCCUPATION	f working	16b. KIND OF BUS	INESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)	SELF	work done during most of se retired.) EMPLO	YEED	BU	ILDES.	R
BE CO	17. FATHER'S NAME (First, Middle, Last)	GALL	AGHER	16	MARCE	ME (First, Middle, Meiden :	Sumama)	SCHEIHING
2	FAMILY RE	COPDS	196, MAILING	ADDRESS (Street and I	Number or Rural R	OVE Number, City or Town	1, State, Zip Co	ide)
	20a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE AND DATE cemetery, cremetery or o	OF DISPOSITION (Name of their place)	PARK	8-13 PAR	EXVIU	or Town, State EMARYLAN
	21. SIGNATURE OF FUNERAL SERVICE LI	f-gan	MODER	22. NAME AND 1 EVISIV 8800	5 FULL	EFORD (EST.	PARKVILLE
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final	complications that cau List only one cause o	nsed the death. Do in each line.	not enter the mode	of dying, such	as cardiec or respi	ratory arrest	Approximate interval Between Onset and Death
	disease or condition resulting in death)	a. Resona	A CONSEQUENCE O	luce de	me to	2		3 days
TION	Sequentially list conditions, if any, leading to immediate	b Carcin	AS A CONSEQUENCE O	on the &	longry	· mtl	meta	three 13 yrs.
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e Lift rolon	A CONSEQUENCE P	ffuno				
CER	resulting in death) LAST	a Lift p	nemust	Anny 1	left jo	neumini		
MEDICAL	PART II. Other significant condition	ns contributing to deet	h but not resulting	in the underlying ca	nuse given in I	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
N: ME						-		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			E OF OEATH (Che	ck only one)		
YSI	1 YES 2 NO	1 - Inpatient 2 - ER/0	31.62	OTHER: 4 Nursing Home 5		B Other (Specify)		
ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJUI (Month, Day, Yei	er) INJ	M 1 YES	AT DO NO	28d. OEŞCRIBE HOW IN	IJURY OCCUR	EO
ETED I	3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — Al home, farm, : Specify)	street, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,
APLE	29a. CERTIFIER (Check only	ICIAN: To the best of my ki	nowledge, death occurr	ed at the time, data and	d place, and due t	to the cause(a) and man	ner as atated.	

We from M. D. 29c. LICENS

29c. LICENS

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WHO COMPLETED QUUSE OF DEATH (ITEM 27) (Fings. Print)

J & DE LEON

1 32, RECUSTRAR'S SIGNATURE

SUMMA DEVILOR ACTIONS

1 29c. LICENS

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29d. DATE SIGN

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UWSON

29c. LICENSE NUMBER \$ 1950 8

HOSPITAL

		FOR
1	-	STATE
		REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)		_					DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
AMMS	JAGAZ	1 GUNG	rine)		F	7 UG. 5	1 1	3	
4. SOCIAL SECURITY NUMBER	5. SEX 1 □ M 2 □ F	8. AGE (In yrs. last bli	MON	OTHS DAYS	IF UNDER		Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
217 26 7692		86	YRS.				unsib!	907	MAI	RYLADO
Se. FACILITY NAME (If not institution, give	etreet and number)		96.	CITY, TOWN	OR LOCATIO	ON OF DEATH		9c. COUNT	TY OF DE	EATH
RESIDENCE OF DECEDENT	XU>1- 2	100		150	XIO	0		BA	141	MORS
10e. STATE 10b. COUN	TY	1	loc. CITY, TO	WN OR LOCAT	TION					10d. INSIDE CITY
MARYLAM HE	ARFORD	- 20	6	A Led	R					LIMITS?
10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
300 SUNFLO	WSR D	Rivs			211	214		1	1.5	. A.
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARME	D				RIGIN? (Specify Ye	a or No—	14. RACE	— American Indian,
1 Never Merried 2 Married	FORCES? 1				ecify Cuber 2 NO	Specify:	erto Rican, atc.)		Specif.	, White, etc. y:
3 Widowed 4 Divorced								1	W	HITE
18. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	(Give	kind of work	done during mo		g	16b. KIND OF BU	JSINESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	NOT use rel	ired.)						
8/N.		+	(1)	2005						
17. FATHER'S NAME (First, Middle, Last)	000				18. MOTH	IER'S NAME (F	First, Middle, Maide	n Surname)		
TTOURS OF THE PARTY OF THE PART	1 1421	LLEU			111	LIAR	11 21	PILA	152	
19e. INFORMANT'S NAME (Type/Print)	0 - 00-	19b. N	IAILING ADD	DRESS (Street a	ind Number		Number, City or To	wn, State, Zip (Code)	
20a. METHOD OF DISPOSITION	COROS		SAG	US E	75 F	ABON				
1 Suriel 2 ☐ Cremetion 3 ☐ Res	moval from State	20b. PLACE AND cemetery, cremet			ime of	18	DATE 20c. L	OCATION — C	Ity or Tov	vn, Stata
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ionines 1	- 1327 17	JR1	2000	-		93 3	LHIR	4	IARYLAN
21. SIGNAPORE OF FUNERAL SERVICE L	CENSEE					S OF FACILIT	Y	-	1 400	1000
	-			SVA	OSE	LINS R	AMD 12	PSL-B	Set 6	CIR LAH
23. PART i. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications the	use on each ilne.		SVA 3 NSI	wPo	RTC	ALCHA Rivs-	FORES	HT	Approximate Interval Betw
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO	OR AS A CONSEQUE	ENCE OF):	EVA 30st	wPo	RTC	ALCHA Rivs-	FORES	HT	Approximate Interval Betw
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	a. DUE TO	UKE	ENCE OF):	SVA 3 NSI	wPo	RTC	ALCHA Rivs-	FORES	HT	Approximate Interval Betw
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, anours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 2/215-0020	
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t. DECEDENT'S NAME (Fin	st, Middle, Last)									OF DEATH			3. TIME OF DEATH
James A	James A. Hogan								Aug	ust 10), 19	93	
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. In	st birthday)		R 1 YEAR			7. DATE OF BIRTN (Month, Day, Year)		8. BIRTN Country		NPLACE (State or Foreign
	186-01-4407 1₺ M 2 □ F			0ct. 31,			1906	1906 Pennsylvania					
9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATN 9					9c. COUNTY OF DEATH			
North Arundel Hospital				Glen Burnie Anne A					e Ar	undel			
10a. STATE	10b. COUNT	TY		10c. Cl	TY, TOWN	OR LOCAT	TION		_				10d, INSIDE CITY
Maryland	Anne	Arundel		Se	vern								LIMITS?
10e. STREET AND NUMBER						101	. ZIP COD	_			10g. CIT	IZEN OF	WHAT COUNTRY?
1317 Light	Pines	Ct.					211	44			Uni	ted	States
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Dh	-	FORCES?	T EVER IN U.S. AI			Il yes, sp	ENDENT Cooling Cube	n, Mexica	an, Puerto	N? (Specify Ye Rican, atc.)	a or No—		E - American Indian, ck, White, etc. city:
	CEDENT'S EDU		16a. D	EÇEDENT'S	S USUAL O	OCCUPATION	ON	-	160	b. KIND OF BU	ISINESS/IN		·
(Specify of Elementary/Secondary	nly highest grade (0-12)	completed) College (1-4 or 5	+1	Bive kind of a. Do NOT u			st of worki	ng					
		2	Fac	ctory	Wor	ker			C	hemica	al Co	mpan	У
17. FATNER'S NAME (First,	Middle, Lest)	7					18. MOT	NER'S NA	ME (First,	Middle, Meider	Surname)		
Patrick J.							Nel.	lie	Cost	ello			
19a. INFORMANT'S NAME										iber, City or Tov			
Patrick J.	Hogan		1	.317	Ligh	t Pi	nes (Ct.,	Sev	ern, N	ID 21	144	
20a. METHOD OF DISPOSI		noval from State	20b. PLACE cemetery, cr				ime of		DAT	20c. LC	OCATION -	City or To	own, Stata
4 Donation 5 Other			Ho1y	Sepu	1chr	e Ce	mete	ry 8	13-	93 Phi	lade	1phi	a. Penna.
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE					OV-R			ineral	Hom	2	
Kirkley-Ruddick Fund													
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heart fallure. Inei	a. A	at caused the duse on each lin	24	not enter	r the mo	da of dy						Approximata interval Betwo
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FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Dennis	М.		Howe11		2. DATE OF I	DEATH DAY	3. TIME OF DEATH 7:25 P.M.	
	21.7 34 7985	× M 2 □ F	in yrs. lest birthday) 54. YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day Jan.	HRTH v. Year)	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	98. FACILITY NAME (If not institution, give stree 7837 Hidden Cree RESIDENCE OF DECEDENT	Baltimore, (Stoney Beach) Sc. COUNTY OF DEATH Anne Arundel							
DIRECTOR				723 266	TION Pasa	adena esadena		10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL	p) elu	4th St.		10	1. ZIP CODE 21.	122		USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	II yea, ap	CENDENT OF HISPAI hecity Cuban, Mexica 3 2 X NO Specifi	an, Puerto Ricen	pecify Yea or No— , etc.)	14. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TON npleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of wife. Do NOT us	vork done during mo e retired.)			of Business/Indi olesale I	ustry Food Company	
BE CON	17. FATHER'S NAME (First, Middle, Last) Gordon		Howell		18. MOTHER'S NA Mary	AME (First, Middle	o, Maiden Surname)	Kellum	
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Doris Howe]	11	19b. MAILING 1566	ADDRESS (Street of Shell Ro	nnd Number or Rural	Route Number, C	MD 211	Code)	
	20e. METHOD OF DISPOSITION NEX Buriel 2 Cremetion 3 Ramova 4 Donation 8 Other (Specify)	from State cem	PLACE AND DATE OF STA	emetery	8/9/		20c. LOCATION - C	oty or Town, State re, Maryland	
	21. SIGNATURE OF RUNERAL SERVICE LICEN	Stephen I). Lohrma	McCu	ND ADDRESS OF FA	eral Ho	me of Pas	sadena a, Md. 21122	
	23. PART I. Enter the diseases, or com- shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one cause on e	och ilne.	ot enter the mo	cell la	h sa cardiac	or respiratory arre	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):					
ERTIFI	that initiated events resulting in death) LAST d	DUE TO (OR AS A	CONSEQUENCE OF):					
	PART II. Other algorificent conditions of	ontributing to deeth be	ut not reaulting in	n the underlyin	g causa given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL								1 YES 2 NO	
YSICIA	1 VES 2 NO	OSPITAL:	itlent 3 DOA	OTHER:	ACE OF DEATH (Ch		ncify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	PRK? YES 2 NO	28d. DESCRIB	dd. DESCRIBE HOW INJURY OCCURED		
	3 Suicide 8 Could not be determined	treet, factory, offic		281. LOCATION City or Tox	(Street and Number ovn, State)	or Rural Route Number,			
COMPLETED		N: To the best of my knowled the basis of examination						d. cause(s) and menner as stated.	
R	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	IBER 182	29d. DATE	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	Hospito	a/ C	enter		
	AUG 1 2 1993 4	32. REGISTRAR'S SIGNA	TURE		1110				
	0	The Market Services	WELL A		-			DHMH-16 Ray 1/8	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It fem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

mit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

0

DHMH-16 Ray 1/89

	FOR
-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAR

	1 - STATE REGISTRAR	OHAL OF MIN	CERT	FICAT				MENIAL III	G. NO.			
T)	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	_			3. TIME OF DEATH
9	FRANK F			HECK				монтн 08	09	,	93	04:50 PM W
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	NGE (In yrs. lest birthd	y) IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH.		a. BIRTH	IPLACE (State or Foreign
	212 03 2509	1 🔯 M 2 🗌 F	83 YRS. MONTHS DAYS HOURS MIN. TAT		Jan. 1	Year)	110	Count	ryland			
	9s. FACILITY NAME (If not institution, give :	street and number)		9b. CIT	Y, TOWN (OR LOCATIO	ON OF DE		7,13		INTY OF D	
DIRECTOR	NORTH ARUNDEL HO	SPITAL ASSO	OCIATION	G	LEN	BURN1	E					COUNTY
E I	10a. STATE 10b. COUNT	Υ	10c.	CITY, TOWN	OR LOCAT	ION						10d. INSIDE CITY
F	Maryland Ann	e Arundel					Ţ	Pasaden	a			LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				101	. ZIP CODE				10a. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	716 211th St.							122			ited	States
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 1	YES ZYNO	13.	If yes, ap-	ENDENT OF	ı, Mexica	IC ORIGIN? (Spin, Puerto Rican,	etc.)	or No—	14. RACI Blaci Spec	E — American Indian, k, White, atc.
D BY	3 Widowed 4 Divorced	<u> </u>					,,,,,					White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDEN (Give kind	T'S USUAL (of work done T use retired.)	during mo	XN st of working	9	16b. KIND				
اۃ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Chief			_						ounty
Ž	ST FATHERING MARKET ST. IN ARIZE A. III		Cirei	Cust	oura		:			Scho	DOTS	
	17. FATHER'S NAME (First, Middle, Last)		He	ck			uise	ME (First, Middle,	Maiden S	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRES	S (Street a	nd Number	or Rural F	Route Number, Cit	ty or Town	State 7ie	n Code)	
2	Norma Smith							sadena		,	2112	22
	20a. METHOD OF DISPOSITION	dan same	20b. PLACE AND DA	TE OF DISPO	SITION (Na	me of	-	DATE	20c. LOC	ATION -	City or To	wn, State
- 1	Nation 5 □ Cremation 3 □ Rem 4 □ Donation 6 □ Other (Specify)	oval from State	Glen Hav	or other place en Me	moria	al Pa	rk 8	3/13/98		Gler	n Bur	mie, MD
- 1	21. SIGNATURE OF RUNERAL SERVICE LI	DENSEE			NAME A	ID ADDRES	S OF FAC	HUTY				
	Distant	40	5					eral Ho in Rd.,				
	23. PART i. Enter the diseases, or	complications that ca	used the death D	o not ente								Approximate
	ahock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Con	on each line.	ie f	2	t d	ay	lue				Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	AS A CONSEQUENCE	(yo.	Cars	dia	l Dry	arc	tion	M.	1/29/93
ERTIF	that initiated events resulting in desth) LAST	d	AS A CONSEQUENCE	: OF):								
2	PART ii. Other aignificant condition	na contributing to dea	th but not resulting	a in the u	nderiving	csuse o	iven in	Part i 24a	WAS AN A	LITOPSY	245	WERE AUTOPSY FINDINGS
DICAL	Bul	aloral	meur						PERFOR	WED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
입		Anna 1 la	FIRE					'	YES 2	NO NO		OF DEATH?
Σ		1 MANUEL	1. 1	00	, to	40	0	_				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	V / WOY UZ	lans	Dea	0 /1 DI	ACE OF DE	EATH (C)	ock only one)				
PHYSICIAN: ME	EXAMINER? 1 YES 2 NO	HOSPITAL:	- 29.60	OTHE	R:							
₹	27. MANNER OF DEATH	28s. DATE OF INJU		4 □ Nu			sidence	6 Other (Spe				
	Netural 5 Pending	(Month, Day, Ye		INJURY		RIC?	1 40	28d. OEŞCRIBI	E HOW IN	JURY OC	CUREO	1
à l	2 Accident Investigation	26s PLACE OF IN	JURY — At home, fer	n street to		/ES 2 _	NO	SAL LOCATION	(0)	- 4 44 1		
윤	/3 Suicide 6 Could not be 4 Homicide determined	building, etc.	(Specify)	., 50,000, 100	iory, orne			261. LOCATION City or Tow	n, State)	na Numbel	r or Murai i	Houte Number,
Щ	29a. CERTIFIER CERTIFYING BUYE	CHANGE TO the board of		in New		New State					_	
COMPLETED		ICIAN: To the best of my I ER: On the back of exami										s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	M ·				29c. LICE	NSE NUN	IBER		29d. DAT	E SIGNED	(Month, Day, Year)
BE	RVKa	MALMO	IAA	M.	0	De	26	30 7		DR.	1,	1/93
임	30. NAME AND ADDRESS OF PERSON WI				V						/ /	1/6
	DR.RANI S. KARIP	INENI/337	HOSPITAL	DRIVE	G/GLE	N BUI	RNIE	, MD.21	1061			
0	31. DATE FICED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									
'	AUG 1 2 1993	I me way do	- Pandelle									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funition be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DHMH-16 Rev 1/89

after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	AND MEN	TAL HYGIENE REG. NO.		23420
	1. DECEDENT'S NAME (First, Middle, Last)		ATE OF DEATH		3. TIME OF DEATH
- 51	WALTER DAVID KLINGELHOEFER		8-5-93	Y YEAI	A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24		ATE OF BIRTH fonth, Day, Year)	B, Bil	RTHPLACE (State or Foreign
	218 36 1829 x 2 69 YRS.	morre,	-28- 1 92	. 1	rvland
-	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION	OF DEATH		9c. COUNTY O	
OH	239 Najoles Road Millersvi	lle	1	Anne	ArundelCo
DIRECTOR	RESIDENCE OF DECEDENT				
E	Maryland Anne ArundelCo Millersvill	1.0			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER 101. ZIP CODE	те		40- 0777771 0	1 YES 2 NO
R	239 Najoles Road	211	ine l		ISA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF				ACE — American Indian,
	1 Never Married 2 X Married FORCES? 1 YES 2 NO If yes, specify Cuben, if YES GIVE WAR OR DATES	Mexican, Pue		B	leck, White, etc.
B	3 Widowed 4 Divorced Yes 1946	эрвину.		34	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working		16b. KIND OF BUS	INESS/INDUSTR	1
9	Elementary/Secondary (0-12) College (1-4 or 5+) Ille. Do NOT use retired.)		~!]	- 61	
₽ I	12 Farmer / Supervis	sor	Silver	Refi	nery Co
		R'S NAME (Fi	rst, Middle, Maiden S	Sumame)	
BE			hanna		
힏	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or				
	Mrs Delores Klingelhoefer 239 Najoles Roa	d, M	illersv	ille,	MD 21108
	20e. METHOD OF DISPOSITION 1 Display 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)) [DATE 20c. LOC	CATION — City or	Town, State
	4 R Donation 5-0 Other (Specify)				
	655W.Balt				21201
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying shock, or heart failure. List only one cause on each line.	g, such as o	cardiac or respir	atory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	1			Onset and Death
	disease or condition ————————————————————————————————————	6	XXXXX	3/	
	DUE TO (OR AS A CONSEQUENCE OF):	200			
NO N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):	79.8L	2002 3	CLECA	DSIS
ATI	If any, leading to immediate cause. Enter UNDERLYING				
윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST				İ
R	d				
AL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause give	ven in Part i	. 24a, WAS AN A		4b. WERE AUTOPSY FINDINGS
음			1 TES 2		COMPLETION OF CAUSE OF DEATH?
ME				V	1 YES 2 NO
PHYSICIAN: MEDICA					
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	TH (Check onl	y one)		
YSI	1 VES 2 X D 1 inpatient 2 ER/Outpatient 3 DOA 4 Number 5 mast	dence 6 🗆 C	Other (Specify)		
표	27. MANNER OF DEATH 28s. DATE DF INJURY (Monte, Day, Year) 86s. TIME OF 18JURY AT WORK?	28d.	DESCRIBE HOW IN	JURY OCCURED	
B	2 Accident Investigation 1 YES 2 N	NO			
	3 Suicide 6 Could not be determined determined	28f. I	LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,
COMPLETED					
릴	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN) the best of my knowledge, death occurred at the time, data and place, and	nd due to the	cause(s) and manr	ner as stated.	
ő	one) 2 MEDICAL EXAMPLES on the best not result in all or investigation, in my opinion, deeth occured	f at the time, o	dats and place, and	due to the caus	e(s) and manner as stated.
ш	290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENS	SE NUMBER		29d. DATE SIGN	ED (Month, (Ay), War)
0 8	1 1 m	578	2	D 8/	03 B2
5	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CRISE OF DEATH (ITEM 27) (Type, Print)				
	DR STEPHAN IZZI 575 Ritchie Highway	, Gle	en Burn	ie 2	1061
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE				
	AUG 12 1993 France France 1				

JWR ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO G-702 8/18/93 t.t 93 23429 UNKNOWN (93-178) 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 8 8 3. TIME OF DEATH 1993 KENNETH KEESLER RANCE 11:15P 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 3/29/57 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 213-70-2603 DAYS 1 M 2 - F 36 MD 9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ALLEY-UNIT BLOCK OF ROSE STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Harford Joppa 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1705 Shirley Ave. 21085 USA burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. MARYLAND 21215-0020 1 Never Merried 2 Married BY 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced as the white 1977-1981 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only high to entary/Secondary (0-12) College (1-4 or 5+) detached Appliance Mechanic Self Employed 17. FATHER'S NAME (First, Middle, Last)
William R. Keesler JR. 18. MOTHER'S NAME (First, Middle, Malden Surname) retained by the Dorothy M. Starnes funeral director, page 5 should be BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pamela Keesler 228 A. Crocker Dr. Bel Air, MD 21014 after death. Page 6 may be BALTIMORE, be 20e. METHOD OF DISPOSITION
17 Burlel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must N Burlel 2 ☐ Cremetion 3 ☐ 3 ☐ Donation 5 ☐ Other (Specify) Garrison Forest VA. 8/12/93 Owings MIlls, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cvach/Rosedale Funeral Home 1211 Chesaco Ave. n by the f medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximats interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ACUTE NARCOTIC AND ALCOHOL INTOXICATION reaulting in death) crem P.O. BOX 68760 complet DUE TO (OR AS A CONSEQUENCE OF): executed with the attending physician and cor i Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease Dr injury OUE TO (OR AS A CONSEQUENCE OF): that initieted events resuiting in death) LAST 6 PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by the ашу 1 XYES 2 NO OF DEATH? Shows 1X YES 2 | NO has been s PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 X Other (Specify) ALLEY-EAST BALTIMORE 1 N YES 2 | NO 1 Dipatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF OFATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending E FUNERAL DIRECTOR; After this distribution 72 hours after death within 72 hours after death with 116m 28 is mark BY

DIVISION OF VITAL RECORDS, OR ATTENDING PHYSICIAN: The law requires that HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

1 YES 2 NO UNKNOWN UNKNOWN UNKNOWN 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 💢 Could not be 4 Homicide UNKNOWN UNKNOWN 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner ee stated.

2 XMEDICAL EXAMINER: On the beels of some in end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) end manner as stated.

29d. DATE SIGNED (Month, Day, Year) 296 SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER OCME

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Penn Street, Baltimore, Maryland MARIO 21201

32. REGISTRAR'S SIGNATURE che Davidson



COMPLETED

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ALCO ALLANDING FILLIOUSIAN. THE NAME OF PROPERTY OF THE PROPER	1	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked or item 23 shows any injury or other fraumatic event the marked avantages must be notified as seen

	FOR STATE REGISTRAR		STATE OF N		/ DEPAR					MENTA	L HYGIEN	E	93	23430	
	1. DECEDENT'S NAME FIRST, KURZAU	UA, M	(Firs	LDA	A					2. DATE	OF DEATH	3-7	YEAR 3. T	IME OF DEATH	
	4. SOCIAL SECURITY NUMBER 195-20-1576 1 M 2 F 9a. FACILITY NAME (If not Institution, give street and number)			6. AGE (In yrs.	E (In yrs. last birthday) IF UNDER 1 YEA MONTHS DAY			HOURS	15/18/			26 EBRTNPLACE (State or Foreign Country) Penn.			
TOR	University a Maryland Medical C				Lenter	Augus		IM		EATN "		Baltimure City			
DIRECTOR	Penn.				York, Penn.						10d. INSIDE CITY LIMITS? 1 M YES 2 NO				
FUNERAL	10 Bridlewood Way				101. ZIP CODE 17402							USA			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT				2 NO If yes, specify Cuben, Maxican			n, Puarto	, Puerto Rican, etc.) Black			merican indian, ita, atc. White			
COMPLETED	15. GECDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th.Grade				16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Office Administrator Med						OF BUSINESS/INDUSTRY				
	17. FATNER'S NAME (First, Middle, Last)				71110	e Ac	X1111 I				Middle, Maiden				
TO BE	George Sudol 19a. INFORMANT'S NAME (Type/Print)				Sophie Kulick 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Mr. Walter B. Kurzawa Method of Disposition 20b. PLAC Complete.				10 Bridlewood Way. York, Pa. 17402 EANODATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State							tata			
	Donation 5 Other (Specify) HOLY 1. SIGNATURE OF FUNERAL SERVICE LICENSEE			crematory or other place) Y Cross Cemt. 8/10/93 Lac 22. NAME AND ADDRESS OF FACILITY 1 to . Mo					Lac	ckawanna,Co.Penn					
	1 Dan	il a	1/0	ylir	5	Mc	Cu1	1 y	Fune	eral	. Home	.130	E.F	ort Ave	
	23. PART I. Enter the diseases, or complications that seused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) LEGITOR OF AS A CHARGOURNEE OF): Approximate interval Between Onset and Death Onset and Death														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMEO? 1 YES 2 NO 24b. WERE AUTOPSY FR AMALABLE PRIOR T COMPLETION OF C OF DEATH? 1 YES 2 NO						ABLE PRIOR TO PLETION OF CAUSE EATH?								
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	OTHER:													
BY PHY	27. MANNER OF DEATH Netural 5 P	Pending	26a. DATE OF (Month, De	NJURY	26b. TIM	E OF JURY	28c. INJU	JRY AT			CRIBE HOW IN	A OCCI	RY OCCURED		
ETED B	2 Accident 3 Suicide 4 Nomicide 28a PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)														
COMPLE		FYING PHYSICIAN												manner as stated,	
TO BE C	291/ SIGNATURE AND TITLE	OF CERTIFIER WWW	- MD)		29c. LICENSE NUMBER						29d. DATE SIGNED (Month, Day, Year) 8/7/93			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Da South Green Steet Balto MD 2/20/ 31. DATE FLED (Month, Cost, Year) Day Registran's Signature And A Day Completed Angular Angular															

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	S 1 2 3 should		
nding physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Planes 1.2 should		
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	S should be detached for use a		otified at once.
s after death. Page 6 may be	by the funeral director, page	removal.	tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e be executed within 24 hour	siclan and completely filled In	prior to burial, cremation, or r	traumatic event, the me
quires that the death certifical	n signed by the attending phy	Health and Mental Hygiene	ows any injury, or other
DING PHYSICIAN: The law req	After this certificate has been	death with the State Dept. of	marked, or item 23 shi
TO THE HOSPITAL OR ATTENI	TO THE FUNERAL DIRECTOR:	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or ite

	for STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR CERTIF	TMENT	OF H	EALTH DEAT	AND	MENTAL HYGIE!				
	1. DECEDENT'S NAME (First, Middle, Last)			,				2. DATE OF DEATH		3	. TIME OF DEATH	
	AMY	INEZ	LOPEZ				MONTH DAY		AR 3	1048 M		
			rs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	8.1	HRTHPL	ACE (State or Foreign	
	219 90 6251	1 □ M 2 🏖 F 1	16 YRS. MONTHS DAYS			HOURS	HOURS MIN. (Month, Day, Year) 6-10-197			Country)		
	9e. FACILITY NAME (If not institution, give stre	9b. CITY, TOWN OR LOCATION			N OF D				TY OF DEATN			
8 B	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO								CO			
ᇈ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INSIDE CITY											
DIRECTOR	100.000	omico Co	Salisbury							Dd. INSIDE CITY LIMITS?		
	10e, STREET AND NUMBER		10f, ZIP CODE							YES 2 NO		
NA	Holly Center				100		180	1 -			AT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	T EVER IN U.S. ARMED 13. WAS DE			ECENDENT OF HISPANIC ORIGIN? (Specify Yes			14 or No	or No. 14. RACE — American Indian,		
	1 Never Married 2 Merried	FORCES? 1 YES 2	☐ YES 2 NO If yes, specify Cub			ecify Cuben	y Cuben, Mexican, Puerto Rican, etc.)			Black, White, etc.		
ВУ	3 Wildowed 4 Divorced	Comment of the second	S-AVERTON I			2 110		spanic		Specify: White		
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade of	TION 18 ompleted)	e. DECEDENT'S	work done a	CUPATIO	ON st of working		16b. KIND OF BU	JSINESS/INDUST	RY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)		or or trong	,					
N N		/										
	17. FATHER'S NAME (First, Middle, Last)					l .		ME (First, Middle, Meider	·			
出	Luis Lopez 19a. INFORMANT'S NAME (Vype/Print)								ez (Bothoff)			
임	Alouette Lopez		1					Route Number, City or To.	vn. State, Zip Cod 3 2 9 2			
	20e. METHOD OF DISPOSITION	200 84					ie, (
	1 Burial 2 Cremetion 3 Remov		ACE AND DATE O		TION (Na	me of		OATE 20c. LO	DCATION — City	or Town	, State	
		MINE POPOLI d. IV.	do Di	× 22.1	NAME AN	ID ADDRES	S OF FA	CILITY C+ > + o	to Anatomy Board			
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE RODald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt, Balto, MD21201											
-	andred//	ma									201	
	33. PART i. Enter the diseases, or co shock, or heert failure. Li	mplicetions that caused the et only one cause on each	ie death. Do n ilne.	ot enter	the mo	de of dyir	ng, auc	h aa cardlec or resp	piratory arrest,		Approximate interval Between	
	IMEDIATE CAUSE (Fine) disease or condition											
	resulting in death) a. KESPIRATORY FULLURE											
_	resulting In death) a. RESPIRATORY FULLURE DUE TO (OR AS A PONSEQUENCE OF): Sequentially list conditions b. BILATERAL PREUMONIA											
ō	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
¥	cause. Enter UNDERLYING			,								
F	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF	ን:								
CERTIFICATION	resulting in death) LAST											
	PART ii Other significant conditions	contributing to death but	net reculting i	resulting in the underlying cause given in Part I. 24s. WAS AN AI						UTOPSY 24b. WERE AUTOPSY FINDINGS		
CAL							Since .	DEDEO		AV	MILABLE PRIOR TO	
à	MEWTAL RETARDATION CERFBRAL PALSY 1 YES 2 THO COMPLETION OF DEATH?							OMPLETION OF CAUSE F DEATH?				
Σ	1 U YES 2 U NO								☐ YES 2 ☐ NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26 Pt	ACE OF OF	ATN COL					
1 Si	EXAMINER?	HOSPITAL: Inpatient 2 - ER/Outpatie		OTHER	l:			eck only one)				
H	27. MANNER OF DEATN	28e. OATE OF INJURY	28b. TIM		28c. INJ		idence	8 Other (Specify) 28d. OESCRIBE NOW	INJURY OCCURE	'n		
	1 Natural 5 Pending	(Month, Day, Year)	ar) INJURY			RK? 'ES 2 🗌	NO	and. Segonabe non	mooni occom			
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE OF INJURY -	Al home, farm, s	treel, facto			-	281. LOCATION (Street	and Number or R	ural Rout	le Number	
Ä	4 Homicide determined	building, etc. (Specify)						City or Town, State				
COMPLETED	290. CERTIFIER CERTIFYING PHYSICI	AN: To the best of my knowledg	a double conver	of mt ab al.	ma data	and also						
₹ I		On the best of examination en								unada) aa		
	29b. SIGNATURE AND TITLE OF CERTIFICAL			, my 01	1							
BE	2010	Jun n			29c. LICENSE NUMBE						onto Day, Year)	
2	30. HAVE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) /3/0-a	Print)		DS	-3	76	E DR Saluty MO			
	ROUALD P.				60	P	2 807 - 5		Dr <	- 0	ulus 40	
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU		3	- 7	1410	CE	2 DE	UR J	ملا	my ~	
	AUG 12 1993 7	Damida - 10	2 2									

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	yes 1, 2, 3 should	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending howered.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnary mental Hygiene prior to burial, cremation, or removal.	INDOCTANT Ham 28 is marked as Ham 22 shape any lating as shap fraumatic many the marked as any and as a second

	FOR						93	23432		
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT O	IF HEALTH AND OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·		TO/TIE	JI BEATTI	2. DATE OF DEATH		3. TIME OF DEATH		
DIRECTOR	Edward J.	Ligons,	Sr.			MONTH DAY	93	м		
	4. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In				7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign		
	216-12-0024	1⊠ M 2 🗆 F 7	O YRS.	MONTHS DA	AYE HOURS MIN.	(Month, Day, Year) 9 8 22	Count	w th Carolin		
	as. FACILITY NAME (# not institution, give street		9b. CITY, TO	WN OR LOCATION OF		COUNTY OF D	EATH			
	411 Fairmount	Avenue		Tov	son		more			
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100 00	Y, TOWN OR L	OCATION					
FUNERAL DIR	Marvland Balt					10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	imore		'owsor	10f. ZIP CODE	100	CITIZEN OF I	1 № YES 2 NO		
	411 Fairmount	7			2120			SA		
3	11. MARITAL STATUS	2. WAS DECEDENT EVER	R IN U.S. ARMED	13, WAS		ANIC ORIGIN? (Specify Yes or N		E — American Indian,		
	1 Never Married 2 Married	FORCES? 1 YE		If ye	a, specify Cuban, Mexic YES 2X NO Spec	en, Puerto Rican, etc.)	Black	k, White, etc.		
В	3 Widowed 4 Divorced				120 230 110 3000		Spec	m Black		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16a. DECEDENT'S	USUAL OCCU	PATION og most of working	16b, KIND OF BUSINES	S/INDUSTRY	144-2		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)		tenan				-30		
M		_	Mail	tellal.						
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden Surna	ime)			
BE	19a, INFORMANT'S NAME (Type/Print)		Gertrude Ligons							
2	Roberta Pinkney		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	1 I I I I I I I I I I I I I I I I I I I									
	206. METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Removal from									
	M. Calvary Cemetery Brooklyn, Maryla							Maryland		
	· do	4		44. 1941	E AND ADDRESS OF F	1	OI M	CULTOII SC		
\vdash	Chatman-Harris F/H Baltimore, Md21									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate interval Between									
1	IMMEDIATE CAUSE /Fine							Onset and Death		
	disease or condition a. Constant / ht failing a. Constant / ht failing Due To (OR AS A CONSEQUENCE OF):							2415		
		DUE 10 (OR AS A CONSEQUENCE OF):								
RTIFICATION	Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF):									
Ä	cause. Enter UNDERLYING									
윤	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):									
ERT	resulting in deeth) LAST									
ᄗ	DACT II Other dentileast and diless and but a second secon									
MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED?							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă	METASTATIC Ca. of PROLITATE 1 VES 2 DAG							COMPLETION OF CAUSE OF DEATH?		
	1 TES 2 JAG									
SICIAN:										
D C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
14S	1 YES 2 NO 1	tpetient 3 DOA	4 Nursing	Home 5 Residence						
РНУ	1 Natural 5 Pending	28b, TIM	URY	WORK?	28d. DESCRIBE HOW INJURY OCCURED					
ВУ	2 Accident Investigation 3 Suicide Could and by	RY — At home, term,			201 LOCATION (Count and M	mb D / C				
ED	4 Homicide 8 Could not be	pecify)			28f. LOCATION (Street end No City or Town, State)	aniber of Hural F	oute Number,			
COMPLET	29s. CERTIFIER	N. To the heart and								
MP						e to the cause(e) and manner a				
8		Deere of exeminer	on entitor investigatio	ni, iri my opinio		time, data and place, and due				
BE	1996. SIGNATURE AND TITLE OF CHITTIFIER					29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				
0	1-14	had.	1111)	/	10071	52	3//	0/67		

31. DATE FILED (Month, Day, Year)
AUG 1 2 1993

OHMH-16 Rev 1/89

1 -	STATE REGISTRAR

	1 - STATE REGISTRAR	C	ERTIF		OF DEAT		ENTAL TITUIENT REG. NO.	_		
	1. DECEDENT'S HAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	Philip j.		Lam	bert,	Sr.		August 10	, 199	YEAR	4 AM
	4. SOCIAL SECURITY HUMBER 5. SEX	6. AGE (in yrs. le	ast birthday)	IF UNDER 1 Y	7	24 HRS. 7	7. DATE OF BIRTH		8 BIOTHO	LACE (State or Foreign
	213-09-3066 1 ¹ × m ² □ F	86	YRS.	MONTHS D	WS HOURS	MIN.	07-29-190	7	Ma	ryland
	Se. FACILITY NAME (If not institution, give street and number)			9b. CITY, TO	WN OR LOCATIO				TY OF DE	
9	254 Baltimore Annapol	is Blvd	•	Seve	rna Par	^k		Anr	ne Ar	undel
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY									
E				Y, TOWN OR L						10d. INSIDE CITY LIMITS?
	Maryland N/A		B	aitimo	re City					1 - YES 2 NO
RA					101. ZIP CODE			_		AT COUNTRY?
N N	3530 Horton Avenue 11. MARITAL STATUS 12. WAS DECEDEN	T FIRM WILL A	21102		21225					States
BY FUNERAL DIRECTOR	1 Never Married 2 N/ Married FORCES? 1	YES 2	NO	If ye	s, specify Cuban	, Mexican, I	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced IF YES, GIVE W	AR OR DATES '		1 🗆	YES 2 X NO	Specify:		[Specify	White
8	15. DECEDENT'S EDUCATION	16a. D	ECEDENT'S	USUAL OCCU	PATIOH		16b, KIND OF BUS	INESS/IND	USTRY	VIII
ш	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	- 64	Give kind of vie. Do NOT us	work done durir se retired.)	g most of working	7				- 1
릴	6th Grade		Steel	Worke	r		Buildin	a Cor	istru	ction
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					ER'S NAME	(First, Middle, Maiden S			
BE	William Lambert				E1f	izabe	th Holbe	ck		
0	19a, INFORMANT'S HAME (Type/Print)	19	9b. MAILING	ADDRESS (St			ite Number, City or Town		Code)	21146
F	Philip J. Lambert, Jr.		254	Baltim	ore Ann	napol	is Blvd.,	Seve	erna	Park, Md.
	20a. METHOD OF DISPOSITION MIY Burial 2 Cremation 3 Removal from State	20b. PLACE	AHODATE	OF DISPOSITIO	H/Name of		DATE 200 100	ATION _ C	No. or Tow	n Cteta
	W Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 6 ☐ Other (Specify)	Ceda	r Hil	1 Ceme	tery 8	3-13-	93 A	nne A	rund	el, Md.
]	21. SIGNATURE OF FUHERAL SERVICE LICENSEE			22, HAN	E AND ADDRES	S OF FACIL	Home of	F Duo	0414	
	Stipley & Lotherm	***		23	7 F. Pa	tanso	O AVA F	Ral+i	movo	, MD 21225
	23. PART I. Enter the diseases, or complications that	caused tha d	aath. Do n	ot antar the	mode of dylr	ng, auch a	na cardiac or respir	atory arm	eat,	Approximate
ı	snock, or neart failure. List only one cau	se on aach lin	a.							Interval Batwean Onset and Death
	disease or condition resulting in death)		6	a o	1 6	Col	all ces	14		6 months
	DUE TO	OR AS A CONSE	EOUENCE OF	7:100	/		luie n		. ,	
z	C b			1 les	2	per	Vie 1	up	(tray	s.
틸	if any, leading to immediate	OR AS A CONSE								
<u>S</u>	cause. Entar UNDERLYING CAUSE (Disease or Injury									
Ē	that initiated events resulting in death) LAST	OR AS A CONSE	OUENCE OF	7):						
CERTIFICATION	d									
	PART II. Other significant conditions contributing to	death but not	reaulting i	n tha undar	iying cause gi	ven in Pa				VERE AUTOPSY FINDINGS
DICAL							PERFORI	47.7	9	WAILABLE PRIOR TO COMPLETION OF CAUSE
Ę.										OF DEATH?
z I										
충။	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				8. PLACE OF DE	ATH (Check	only one)			
Š	1 YES 2 NO HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Home 5 🗆 Res	idence 8 4	Other (Specify)		40	spiep
PHYSICIAN: MEI	27. MANHER OF DEATH 28e. DATE OF (Month, De		28b. TIMI	E OF 260 URY	INJURY AT WORK?	28	Bd. DESCRIBE NOW IN	JURY OCC	URED	
¥	1 Hetural 5 Pending 2 Accident Investigation			M 1	YES 2	но				
ا ۵	3 Suicide 6 Could not be determined 28s. PLACE Of building,	HJURY - Al he	ome, farm, a	treet, lactory,	offica	26	BI. LOCATION (Street as City or Town, State)	nd Number o	or Rural Ro	ute Number,
E										
ᆲ	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of	my knowledge, d	eath occurre	d at the lime,	data and place,	and due to t	the cause(a) and manr	ner se state	d.	
COMPLETE	one) 2 MEDICAL EXAMINER: On the basis of ax	amination and/or	Investigation	n, In my opini	on, death occure	d at the tim	e, data and place, and	due to the	Canse(s) t	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEN	ISE NUMBE	R	29d. DATE	SIGNED (Vonth, Day, Year)
2	S. numb	2/1	210		Do	73	09	•	3/	10/93
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (ITE	EM 27) (Type,	Print)					1	
	3721 Potes Street									
	31. DATE FILED (Month, Day, 96)-TIMORE 520-133	R'S SIGNATURE		4						
	AI	1G12	1993	Fres	anteriday	-50-	-			

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1	1. DECEDENT'S POPUL (First, I	Middle, Last)	4	Mary 1	amber Ol (1				2. DATE MONTH	OF DEATH	AY_ /	YEAR 3	3. TIME OF DEA
7	22005 Security NUMBER 22005 Security NAME (If not logic	5571	5. SEX 1 M 2 F	8. AGE (In yrs.		MONTHS	DAYS	HOURS HOURS	Merc.	(Month 02-(of BIRTH h, Day, Year) 01-190		Mar Mar	yland
DIRECTOR	CHUR PROPERCE OF DECI	CH	HOS	SPIT	AL	It	SA	1+,	M	00	e	Se. COUN	TY OF DE	AIN
	10a. STREET AND NUMBER	10b. COUNTY				Balti	more	City					X	10d, INSIDE CIT LIMITS? 1/4 YES 2
NERAL	3226 Foster	Avenu				1.		2122	24			Uni	ted	States
BY FUN	11. MARITAL STATUS 1 Never Married 2 h 3 X Widowed 4 Divorce		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 27	. ARMED ☑ NO		If yes, spe		n, Maxicar	n, Puarto F	i? (Specify Yes Rican, atc.)	s or No—	14. RACE - Black, Specify	White, etc.
PLETED		DENT'S EDUI highest grade			DECEDENT'S (Give kind of the Do NOT u	work done	CCUPATIO during mos	ON st of working	g	16b.	KIND OF BU	siness/indu		
E COMPL	17. FATNER'S NAME (First, Mid Sebastian R		elder		Walt	1699					Middle, Malden		5	
TO B	190. INFORMANT'S NAME (Type Carroll Fie				196. MAILING 203 R						ber, Chy or Tow altimo		-	228
	20a. METHOD OF DISPOSITION Surface Commention 6 Donation 6 Dother (6	n 3 🗆 Rem	oval from Stata	comotony	CE AND DATE	OF DISPOS	SITION (Na	me of		DATI	E 20c. LO	CATION C	ity or Tow	rn, State
	## Donation 6 Other (Specify) Holy Redeemer Cemetery 8/9/93 Baltimore, MD 21. SIGNATURE; OF FUNERAL SERVICE LICENSEE LUCY Lilly & Zeiler, INc. Funeral Home 700 S. Conkling St. Balto., MD 21224													
	· Elizab	th	Selin	ski		L: 70	illy 00 S	& Ze	eile: nkli:	r, II	Nc. Fu t. Ba	ilto.,	MD	e 21224
ERTIFICATION	23. PART I. Entry the dis	sesses, or cont fellure.	complications that List only one ceu B. DUE TO B. DUE TO C. DUE TO	C a (OR AS A CON (o death. Do line. Pre Cro Pr	vascorii	illy 00 S	& Ze	eilen nklin ng, such	r, II	Nc. Fu t. Ba	lto.,	MD	e 21224 Approxid
MEDICAL CE	23. PART I. Enter the dissesse or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Dissesse or injurity that initiated events	sesses, or controller.	DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON	death. Do Ilna. Ve Oro NSEQUENCE OF NSEQUENCE OF NSEQUENCE OF NSEQUENCE OF NSEQUENCE OF	vasc OF):	illy 200 S the mod	& Ze. Corde of dyl	eilen nklin ng, such	r, II	Nc. Fu t. Ba diec or reap	AAUTOPSY	MD st,	ie
MEDICAL CE	23. PART I. Enter the dissesse or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Dissesse or injurthat initiated events resulting in death) LAST	sesses, or controllers. sons, liete NG r nt condition	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON death but no	death. Do lina. Color lina. SEQUENCE COLOR LINE COLOR	22. I.; 70 70 70 70 70 70 70 70	illy 20 S the moderal state of	& Zee. COI de of dyli Cent	eilenkling, such	Part I.	Nc. Fu t. Ba slic or reap Se An Ch 24a. WAS AN PERFOI 1 UYES 2	AAUTOPSY	MD st,	Approxis Interval Onest st
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DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be n	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	
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	FOR									
	1 - STATE REGISTRAR	STATE OF M.				HEALTH AND		GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Br.	RICHI		H	ackly	2. DATE OF DI	EATH DAY (9 J	3. TIME OF OEATH
	216-28-8347	1 M 2 🗆 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Month, Day,	7. DATE OF BIRTH (Month, Day, Year) 10/6/32 a. BIRTHPLACE (State or Foreign Country) MID		
6	9a. FACILITY NAME (If not institution, give stre							DIAC		
DIRECTOR	10a. STATE 10b. COUNTY					CATION				10d, INSIDE CITY LIMITS?
	100. STREET AND NUMBER				Severn	10f. ZIP CODE		140- 6	WEITEN OF W	1 ☐ YES 2 ∑ NO
FUNERAL	8171 Silo Rd.					2114	4		JSA	VHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [- IF YES, GIVE WA	YES 2 A		If yes,	PECENDENT OF HISPAI specify Cuben, Mexica (ES 2 NO Specifi	n, Puerto Rican,		14. RACE Black Specif	- American Indian, c, White, etc.
TED	15, OECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DE	CEDENT'S ive kind of w	USUAL OCCUPY work done during	ITION most of working	16b. KINO	OF BUSINESS/	INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			e Manag	er		Conven:	ience	Store
BE CON	17. FATHER'S NAME (First, Middle, Last) Jacob Hackley					16. MOTHER'S NA Edith	ME (First, Middle, Julian)	
TO BE COM	Ralph Hackley		191	7 AT	ADDRESS (Sire) /ery Ct	et and Number or Aural Baltimo	Route Number, Cit Le, MD	y or Town, State, 21237	Zip Code)	
182	20s. METHOD OF DISPOSITION United Section 1 Comments 1 Comments 2 Comments 3 Comments 3 Comments 4 Comments 1 Comments	val from State	20b. PLACE A	matory or of	her plece) 5 Of Fa	(Name of		20c. LOCATION		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE 1/ 1/	Ju	I Gens	22. NAME	AND ADDRESS OF FA	CILITY	Baltimo		
	> Derus &	Kell	y		1	vach/Rose 211 Chesa	co Ave.			
	23. PART I. Enter the diseases, or co shock, or heart fallure. Li	emplications that ist only one caus	caused the de se on each line	ath. Do n	ot enter the	mode of dying, suc	h as cardiac o	r respiratory	arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Chuld DUE TO P	Off AS A DONSE	QUENCE OF	moro	y Artu	Ds			Onset and Death
ERTIFICATION	disease or condition	DUE TO (C	OR AS A CONSECUTION AS	DUENCE OF		y Artu	y Ds	falu	_	
N: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (C	OR AS A CONSECUTION AS	QUENCE OF	,	MA Lu		FALLS WAS AN AUTOPP PERFORMED? YES 1 NO	Y 24b.	
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, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the control of the contr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as an interpretable permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	f, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed wi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR	RTMENT O	HEALTH AND	MENTA	L HYGIEN		*	204	00
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			. TIME OF DEATH	
	WILBERT	HARVEY		MC	ORE	0.8	07	1993	EAR	10:10	AM
	4. SOCIAL SECURITY NUMBER 5		yrs. last birthday)	IF UNDER 1 YE	0 111	7. DATE	OF BIRTH	8.	BIRTHPI	LACE (State or Fore	
	214-58-8564	1₹ M 2 □ F 39	YRS.	MONTHS DA	B HOURS MIN.	(Mont	th, Day, Year)		Country)	land	
	9a. FACILITY NAME (If not institution, give stree			9b. CITY, 101	N OR LOCATION OF	DEATH		9c. COUNTY			
DIRECTOR	4733 AMBERLEY	AVE.		BALT	IMORE C	ITY.					
EC	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO	CATION				T	Od. INSIDE CITY	
5	Marvland		D.	altime	250				Ι,	LIMITS?	10
A	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN		AT COUNTRY?	
E	4733 Amberley	Avenue		_	21229	a		USA	Δ.		
BY FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U		13. WAS	DECENDENT OF HISP	ANIC ORIGI	N? (Specify Yes		RACE -	- American Indian	٦,
Α.	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ES		specify Cuben, Mexi YES 2 TNO Spec		Ricen, etc.)			White, etc. Black	
	[17]	ational Gu								DIACK	
TEO	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON 11	8a. DECEDENT'S (Give kind of	work done durini	ATION most of working	164	. KIND OF BUS	SINESS/INDUST	FRY		
اچ	1	College (1-4 or 5 +)	life. Do NOT us	,		H	Marbor	Cour	t		
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		Secur	ity O	ficer		condor		15		
					18. MOTHER'S I			,			
B	Wilbeck F. Moor	е	1	W. C.	E1ai	ne	Hughe	S			
임					et and Number or Rura					1229	
	Robin Moore	204.8	4/33		ley Ave						
	1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State cometa	ary, crematory or o	ther place)		8/1	6/93.	CATION — City	or Towr	arylan	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE // ALO	utus 1		al Park						
	De Viene	Hamis		100			638	N . C	Silr	mor St	ree
\dashv	99 BADT I Solve the discourse for	11200			y Harri					Md2121	/
	23. PART I. Enter the diseases or con shock, or heart failure. Lis	t only one ceuse on eec	ne death. Do r h line.	not enter the	mode of dying, su	ich as can	diec or reepi	ratory arrest	•	Approximat Interval Bet	
	IMMEDIATE CAUSE (Final disease or condition	(000)	1	1.	+	1	~			Onset and I	Death
	resulting in death) a	DUE TO (ORIAS A CO	ONSEQUENCE OF	nta	51/0	- W	e			-	
_		DOE TO COMPAS A CO	ONSECUENCE OF	-):	()						
<u>ē</u>	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF	F):						-	
8	cause. Enter UNDERLYING									1	- 1
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	F):							
CERTIFICATION	resulting in death) LAST										- 1
- 11	PART II. Other significant conditions of	contributing to death but	not resulting	n the under	ring cause given i	n Part I	24a. WAS AN	ALITTOPSV	24b W	ERE AUTOPSY FINE	DANCE
<u>ජ</u>	hosty						PERFOR	MED?	A	MILABLE PRIOR TO	
	000					— [1 YES 2	ZD . □ NO	0	F DEATH?	
≥						- 1	, .	oney	1	YES 2 NO	ì
¥	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (0	Check only or	ne)				_
PHYSICIAN: MEDICAL		IOSPITAL:	ent 3 DOA	OTHER:	lome 5 Rasidence						
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT	_	CRIBE HOW II	IJURY OCCUR	ED		-
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	WORK? YES 2 NO						- 1
9	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, a	treet, factory, o	ffice	281. LOC	ATION (Street a	nd Number or F	tural Rou	te Number,	_
	4 Homicide detarmined	building, etc. (Specify)				City	or Town, State)				
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowled	ge, death occurre	ed at the time.	ata and place, and du	e to the cer	rse(s) and man	ner as eleted			$\neg \uparrow$
E		On the basis of examination as							use(a) a	nd manner as stat	ted.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIED				29c, LICENSE N						
BE	(DA)	M			O.C.M					fonth, Day, Year) / 1993	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type,	Print)	1 0.C.P			00/	0//	1773	
	MUSTKON	ا 111	Penn	Stree	, Balti	more	. Mar	v]and		21201	
41	31. DATE FILED (Mortin, Day, Year)	32. REGISTRAR'S SIGNATU			,		, 1101	7 = 4.110			
	AUG 1 2 1993	Julia Devido	1- Randel	2							- 1

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physiciant.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-timent	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND	/ DEPAR	TMEN	T OF H	IEALTH AND DEATH	MENT	AL HYGIEN REG. NO	E	33	23437
	1. DECEDENT'S NAME (First, Middle, Last)	De	earl	М.	Math	Sas		2. DAT	E OF DEATH	AY	VEAD	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs.			R 1 YEAR	IF UNDER 24 HRS.	7 047	E OF BIRTH	93		7.30 AM
	215-50-1114	1 M 2 MF	83	YRS.	MONTHS		HOURS MIN.	(Moi	30-190	9 '	Country)	ACE (State or Foreign Yland
	9a. FACILITY NAME (If not institution, give	-		9b. CIT	Y, TOWN	OR LOCATION OF D				Y OF DEA		
10 H	Harbor Hospital				B	Balti	more Cir	ty				
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION				10	0d. INSIDE CITY
	Maryland	Balti	imore				De	ındal	lk		1	YES 2 NO
FUNERAL	100. STREET AND NUMBER					101	. ZIP CODE					AT COUNTRY?
JNE	7824 Eastern Au	12. WAS DECEDEN	T EVER IN IIS	APMEN	12	WAS DEC	ENDENT OF HISPA	212:				d States
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	13.	If yes, sp	ecify Cuben, Mexico	en, Puerto		or No-	Black, V Specify:	- American Indian, White, atc.
D BY	3 Nidowed 4 Divorced										эреспу:	White
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	e completed)		DECEDENT'S (Give kind of w life. Do NOT us	vork done	durina mo	ON ast of working	18	b. KIND OF BUS	SINESS/INDU	STRY	
4PLI	6th Grade	College (1-4 or 5+	'	House	ewif	ie			Own	Home		
S	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S NA			,		
BE	Thomas J. Bra	ızier							e V. Lo			
5	Elizabeth Feehl	ou		195. MAILING	Chu	is (Street a LA.C.h.	Road Di	nda	mber, City or Tow. P.R. Mart	n, State, Zip C LUL and	21:	222
	4 Donation 5 Other (Specify) Sacreta HT. 06 Jesus Cem. 8/13/93 Backemore, MU											
	21. SIGNATURE OF FUMERIAL SERVICE LI	V- X	L		22	Duda	NO ADDRESS OF FA L-RUCK FU L Wise AL	ineri	al Home	206 D	unda	lk, Inc. nd 21222
	23. PART I. Enter the diseeses, or	complications that	caused the	deeth. Do n	ot ante	r the mo	de of dying, suc	ch as ca	rdiac or reepi	ratory arres	rcyca)	Approximate
	shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition	Do La	te on eagn II	h line.							Interval Between Onset and Death	
	resulting in death)	8										-
z	Bronchogenia cancer											
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONS	EOUENCE OF	7):							
FIC	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	OR AS A CONS	EQUENCE OF	n:							
	resulting in deeth) LAST	4	,		,.							
CE	PART II. Other algnificant condition	ns contributing to	death but no	t regulting i	n the u	nderlyln	a course elves to	Dort I	T ac			1
PHYSICIAN: MEDICAL				t rabatting t	ii uio u	iluoityiit	a cadsa Airen III	reit i.	24a. WAS AN PERFOR	MED?	AM	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE
MED									1 VES 2	□ NO	Of	DEATH?
ä												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (Ch	eck only o	one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Mempetient 2 -	INJURY	3 DOA	4 🗆 Nu		e 5 Rasidence	P	er (Specify)	N ILIBA OCCII	DED	
ВУ Р	1 Natural 5 Perioling 2 Accident Investigation	(Month, Da	y, Year)	INJ	JRY M	WO	RK?	200. 00	SCHIBE NOW II	NJUNY OCCU	NED	
	3 Suicide 6 Could not be	28s. PLACE OF building,	INJURY At I	home, farm, s				261, LO	CATION (Street a	and Number or	Rural Rout	le Number,
ETE.	4 Homicide determined		HHC	18m		njur	<u></u>					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of ex	emination end/o	or investigation	n, in my	opinion, d			te and place, en			
BE	Pitayaart	Junros	SYWki	1_	MA		29c. LICENSE NUI	MBER			9/	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI			_	0-/				<u></u>		1 /	1)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32, REGISTRAR'S SIGNATURE
Fulia Davidon-Randalle

31. DATE FILED (Month, Day, Year)
AUG 1 2 1993

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100

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians	death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-time be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	e funeral director, page 5 should be detached for use as the burial-trail.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.

31. DATE FILED /Magin, Dy. 1993

	FOR STATE OF MARYLAND / DEPA	RTMENT OF HEALTH AND	MENTAL HYCIENE	93 23438
	1 - STATE REGISTRAR CERTIF	FICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH	3. TIME OF DEATH
	JOHN C M	INIS		YEAR
1				
		MONTHS DAVE HOURS MIN	7. DATE OF BUTTH 9-13-1927	8. BIRTHPLACE (State or Foreign Country)
	220-12-9671 1 M 2 F 65 YRS.		9-5-12	Md
	Se. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF E	DEATH 9c. CC	OUNTY OF DEATH
5	THE JOHNS HOPKINS HOSPITAL	BALTIMORE CIT	TV RAI	TIMORE
Ĕ	RESIDENCE OF DECEDENT	DALITHONE CIT	I DAL	TIPIONE
m	10s. STATE 10b. COUNTY 10c. CI	TY, TOWN OR LOCATION		10d. INSIDE CITY
DIRECTOR	MA.	Ralinona	13.41	LIMITS?
1000	10e, STREET AND NUMBER	101. ZIP CODE	1000	ITIZEN OF WHAT COUNTRY?
FUNERAL	LINE E A HORIZANIA L	IOI. ZIP CODE	10g. C	TIZEN OF WHAT COUNTRY?
빌	1005 EICHASPPINGLANE	2/2/	12	U.S.A.
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 November Marriad 2 Described	13. WAS DECENDENT OF HISP/	ANIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.
84	1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Wildowed 4 Divorced	1 YES 2 MO Spec		Specify:
	3 WOOMER TO DIVORGE			Black
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT' (Give kind or	S USUAL OCCUPATION I work done during most of working	16b. KIND OF BUSINESS/I	NDUSTRY
[Elementary/Secondary (0-12) College (1-4 or 5+)	use retired.)		
<u>_</u>	State	REPRESENTIVE	Stepi	CA
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		AME (First, Middle, Maiden Sumame,	
_	Carroll Minis	Na.	10 /0	_
8		1/461	a LCWI	55
2	196. MAILIN	G ADDRESS (Street and Number or Rural	1	Zlo Code), 21212
	Daris NINIS 1005	E. Cold SPr	INGLANCE	Salto, Nod.
		OF DISPOSITION (Name of	DATE 20c. LOCATION	- City or Town, State
1 3	1 1 Buriel 2 Cremation 3 Removal from State competery, overwatory or 4 Donation 5 Other (Specify)	LERANS CNTY.	1242 MUINO	25 MILLS MA
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F	ACILITY ()	F H.
1	D 10108101	1	Comica	11111
	MONDONALO VI CONVIER	2431 K. Ol	IverSt. Bal	to 10/2/2/3
	23. PART I. Enter the disease or complications that caused the deeth. Do shock, or heart feilure. List only one cause on each line.	not enter the mode of dying, su	ch ea cerdiec or reepiratory	arrest, Approximete
	IMMEDIATE CAUSE (Final			Interval Between Onset and Death
	disease or condition			11,
	resulting in death) DUE TO (OR AS A CONSEQUENCE	OES-		lans.
	אל אלי אלי אלי אלי אלי אלי אלי אלי אלי א	or).		
N N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE CONSEQU	beter		(day)
E	If any, leading to immediate cause. Enter UNDERLYING	No. of the last of	0	
CERTIFICATION	CAUSE (Disease or injury C.	les radual	Cedew care	in Zunh
쁜	that initieted events DUE TO (OR AS A CONSEQUENCE of constitution in deeth) LAST	OF):		
H	d			
	PART II Other confident conditions contribution to death but not as the			
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting	in the underlying cause given in	Pert I. 24s. WAS AN AUTOPS PERFORMED?	Y 246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
[음]			1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?
回				1 TES 2 NO
				18 120 1 5410
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	DE DI ACC OF DEATH O		
o l	EXAMINER? / HOSPITAL:	28. PLACE OF DEATH (C	neck only one)	
YS	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA	4 Nursing Home 5 Residence	8 Other (Specify)	
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 18	ME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY O	CCURED
B	1 Natural 5 Pending 2 Accident Investigation	M 1 TES 2 NO		
	3 Suicide 28e. PLACE OF INJURY — At home, larm.	street, factory, office	281. LOCATION (Street and Numb	per or Rural Route Number,
	4 Homicide determined building, stc. (Specify)		City or Town, State)	
COMPLETED	29e. CERTIFIER			
1	(Check only CERTIFTING PHYSICIAN: 10 the best of my knowledge, death occur			
ő	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigat	ion, in my opinion, death occured at the	e time, date and piece, and due lo	the cause(a) and manner as stated.
Ш	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LIGENSE NU	JMBER 29d. Q	ATE SIGNED (Month, Day, Year)
00	4h	Trul	D	1 . N 8 1990

Pour lo 600N Wolfe St. Baltmore 21287

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BALTIMORE, MARYLAND 21215-0020	h certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	nding physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-tr
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE OF	DEATH	1	RE	G. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DE	_			3. TIME OF DEATH
1	Shurl	Page	Mo	ssmar			1.2	МОНТН	D/		YEAR	o. time of peatin
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last					gust		1993		M
					F UNDER 1 YEAR	# UNDER 24		DATE OF BII (Month, Day,	RTH Year)		6. BIRTH	HPLACE (State or Foreign
	219-16-4795	13 M 2 F	68	YRS.		,,oons		c. 9		24		t Virginia
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATION					NTY OF D	
5	610 Mage Armanue				Facer							
K	619 Mace Avenue				Essex					Ball	timo	re
Ĭ	10a. STATE 10b. COUNTY	,		10c. CITY,	TOWN OR LOCA	TION						10d. INSIDE CITY
% I	M7 D. 34:	22 80 65°C		m							- 1	LIMITS?
5	Maryland Balti 100. STREET AND NUMBER	more		Esse		D7 . 10						1 YES 2 NO
A I					10	f, ZIP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY?
9	619 Mace Avenue					21221				U.	S. A	1
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. WAS DE	ENDENT OF	HISPANIC O	RIGIN? (Spe	city Yes		14. RACE	E American Indian,
	1 Never Married 2 Married	IF YES, GIVE W	X YES 2 N	10		ecify Cuban, I		erto Rican,	etc.)		Black	k, White, etc.
B	3. Wildowed 4 Divorced		W II			120	Specify.				Speci	
8	15. DECEDENT'S EDUC	CATION		CEDENT'S U	SUAL OCCUPATI	ON		18b. KIND	OE BILE	INCOC/IND	HICTON	White
	(Specify only highest grade Elementary/Secondary (8-12)		(Gh	Do NOT use	rk done during me	st of working		100. 70110	0, 503	MESSAME	NOSTRI	
7		College (1-4 or 5+	,									
Ž	8			remar	1					ctio	n	
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	R'S NAME (F	First, Middle,	Meiden :	Surneme)		
H	Howard C. Mes	sman				Eva	Lanh	am				
	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING A	DDRESS (Street				or Town	, State, Zip	Code)	
2	Cheryl D. War	ren			verside							003
	20e. METHOD OF DISPOSITION				DISPOSITION							
	Buriel 2 Cremation 3 Remo	val from State	cemetery cron	natory or othe	or placel			-		ATION -		
	21. SUBSTATURE OF FUNERAL SERVICE LICE	511055	Garden	s of	Faith (em.	8/12/	93	Ba]	timo	re,	Maryland
	TONERAL SERVICE LIC	ENSEE	,	1		ND ADDRESS		•	T.T.	70.4		
	Morne 7	Deed	efrence	+		zinsk						
	22. PART I. Enter the disesses, or co	omplications that	housed the de-	oth Do on	1 1407	Easte	rn Av	enue	<u>Lis</u>	sex.	Mar	vland 21221
1	shock, or haart failure. L	ist only one cau	se on aach lina.	iui. Do no	t entar the mo	de of aying	, such es	cardiac o	r respli	atory srr	est,	Approximats interval Batween
1	IMMEDIATE CAUSE (Final	21		1	6		1					Onset and Death
- 1	disease or condition resulting in death)	. 1116	10 Car	0/1	" lu	Para	Ken	M				12 //
	,	DUE TO	OR AS A CONSEC	UENCE OF):	del.	Marce	100	1	1			- ornang
2		anit	200,	4	CIN	24 4440	V.	, 1	4.	0 -1	20	11
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSEC	UENCE OF):	CV CV	rough	avia	mya	1/10	-Cek		1/1/40
¥ I	cause. Enter UNDERLYING					(1
E 1	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEQ	UENCE OF:								
E	resulting in deeth) LAST			,								j l
8		L										1
	PART II. Other significent conditions	contributing to	death but not re	stilling in,	the underlyin	ceuse give	en in Part	i. 24a, V	MAS AN	WTOPSY	24b	WERE AUTOPSY FINDINGS
DICAL	0, 0-			Va T	1	3-0 (12)		F	ERFOR		1	AVAILABLE PRIOR TO
		Co / VU		(0				1 🗆	YES 2.	-NO		COMPLETION OF CAUSE OF DEATH?
ME												1 TES 2 NO
PHYSICIAN:												
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. Pt	ACE OF DEAT	H (Check or	nly one)				
8	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	a & Colorate	amaa 8 🗆	Oahaa (Caaa	44.1			
≟ ∥	27. MANNER OF DEATH	26e. DATE OF		28b. TIME				OESCRIBE		ILIEN OCC	HIBED	
	1 Netural 5 Pending	(Month, Da	y, Year)	INJUF	TY WO	RK?		. OEGONIBE	NOW IN	JOHT OCC	UNED	
à l	2 Accident Investigation	22 21 122 2				rES 2 N	0					
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY - At horr rtc. (Specify)	ne, farm, str	et, factory, offic	•	281.	City or Town	(Street er	nd Number	or Rural R	loute Number,
COMPLETED	4 Nonnecos determined											
2 1	29e. CERTIFIER Check only	IAN: To the best of r	ny knowledge, des	th occurred	at the time date	and place, an	d due to the	o coupole) o	nd man	ne oo elek	e d	
ž	ane) 2 MEDICAL EXAMINER	: On the basic of ex	emination end/or in	vestigation	In my opinion d	anth occurred a	et the time	dete and al		due to the	PG.	and the second second second
8			1					oate and pr				
ᇤ	296. SIGNATURE AND TITLE OF CENTIFIER	1. / dt	7			29c. LICENSI	E NUMBER			29d, DATE	SIGNEO	(Month, Day, Year)
2	New John	Ny 1	0/			210	203	7		18	111	1193
	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	DE DEATH (ITEM	27) (Type, P	rint)	-	> -	0		1 1	/	
5	LOUIS DEMEN	32. DEGISTRAF	VV) 2	108	URE	MS	DA	345	7	Mx	12	1220
j	AUG 1 2 1993	Julie De	widown-Ron	please								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.

DHMH-18 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he fleet within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ì	after (TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun- he filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	cale
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1. DECEDENT'S NAME (First, Middle, Last)	ALBERT RUSS	ELL MACY			2. DATE OF DEATH MONTH AUGUST 10	1993	3. TIME OF DEATH 4:15 P
4. SOCIAL SECURITY NUMBER 281-03-9769	1 XM 2 □ F 77	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		16	BIRTHPLACE (State or Foreign Country) MISSISSIPPI
98. FACILITY NAME (If not Institution, give so 9001 TOWSEND Lan RESIDENCE OF DECEDENT			96. CITY, TOWN Clinto	OR LOCATION OF D	DEATH	PRINC:	E GEORGE'S
10a. STATE 10b. COUNTY	NCE GEORGE'S		Y, TOWN OR LOCA CLINTON	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER 9001 TOWNSEND			.10	H. ZIP CODE 20735		109. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	Il yes, s		ANIC ORIGIN? (Specify Ye can, Puarto Rican, etc.) offy:	s or No 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN		(Give kind of life. Do NOT u	USUAL OCCUPAT work done during m se retired.) C DRIVER	ost of working	ASSOCI		
17. FATHER'S NAME (First, Middle, Lest) ARNO MACY				A STATE OF STREET	SIE MAE TA		
19a. INFORMANT'S NAME (Type/Print) MARGARET BEVAN	IS				CLINTON,		
20a. METHOD OF DISPOSITION 1X Burial 2 □ Cremetion 3 □ Ram 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	GF	b. PLACE AND DAT cemetary, cremator REEN MOUI	or other place) NT CEMET	,	3/93 BA	LTIMOR	e, MARYLAND
De Glan	Seit h		A. A	LAN SEIT	Z, JR. FUN AVENUE, BA		
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	List only one cause on a		7 tro	arling	ech as cardlec or reep	olratory errest	t, Approximate Interval Batwee Onset and Deal
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	. Illavo	A CONSEQUENCE O	use	ugop	olky		
PART II. Other algolificant condition	a contributing to death a	but not resulting	In the underly	ng cause given i		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 TYNO	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (Check only one) 6 Other (Specify)		
 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b, TI	WE OF 28c. If	JURY AT PORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUP	RED
			street, factory, off	lee.	28f. LOCATION (Street	and Mumber or	Overal Dougla Mumber

Patterson MD 7501 Surratts Rd Suite 201-A Clinton, MD 20735

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

John C.

31. DATE FILED (Month, Day, Year)
AUG 1 2 1993

31. DATE FILED (Month, Day, Year) AUG 1 2 1993

ITEM: 28f, PER MEO film g-702 8/24/93 t.t/j.l.l.

		_				. 0				
STATE	OF N	TARYLANI) /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN	E
				ERTIFICATE					BEG NO	

REGISTRAR		C									
1. DECEDENT'S NAME (First, Middle,	ast)						OF DEATH		Marie Control	3. TIME OF OE	ATH
JOHN		HENRY	7	NIEM	IANN	0.8		DAY	93	4 • 14	D
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. In:		IF UNDER 1 YE		7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or	
216-09-1356	1 🙀 M 2 🗆 F	75	YRS.	NONTHS DAT	YS HOURS MIN.		th, Day, Year)	1017	Counti		
9a. FACILITY HAME (If not institution,	Λ	13		9b, CITY, TOV	VN OR LOCATION OF D	110 EATH	06	1917	MA.	RYLAND	-
NORTH ARUND	EL HOSPIT	AL			N BURNIE					RUNDEI	
10a. STATE 10b. CC			10c. CITY,	TOWN OR LO	OCATION					10d. INSIDE CI	TY
MARYLAND	ANNE ARUI	NDEL.	PAS	ADENA						LIMITS?	7 NO
10e, STREET AND NUMBER	THINE THE	TO LL	1 11101	ADLIAN	101. ZIP CODE			16g. CIT	IZEN OF V	WHAT COUHTRY	4
7712 SHIRLEY AV	C C			100	21122						
11. MARITAL STATUS	12 WAS DECEDED	NT EVER IN U.S. AF	RMED	13. WAS	21122 OECEHOENT OF HISPA	MIC ORIGI	N? (Specify V		S.A.	E — American In	dleo
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	WAR OR DATES	но	If yes	yes 2 NO Spec	an, Puerto			Spec	k, White, atc.	corunt,
15. OECEDENT'S		16a. DI	ECEDENT'S U	SUAL OCCUP	PATION	160	b, KIHO OF BI	JSIHESS/IH	OUSTRY	WILLIE	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5		Sive kind of wo b. Do NOT use	ork done during retired.)	g most of working						
_	NONE.		CHINE	OPED	TOR		BOX CO	MDAN	v		
17. FATHER'S HAME (First, Middle, Las	10112	1110	OHILME	VI EIV	16. MOTHER'S N				1		
FRANK G. NIEMAN											
19a. INFORMANT'S NAME (Type/Print)	N.	10	b. MAILING A	DDRESS /Sm	MARY V			wn State 7	in Code		
	A NTNT								,,		
CAROLYN M. NIEM 20a, METHOD OF DISPOSITION 1 X Burlel 2 Comments						SADE	NA MI	211 OCATION -		- 4	
4 M Burdet & T			AND DATE OF		RIAL PARK	1					
		GLEN	HAVEN	MEMOI	KIAL PAKK		·14 G1	LEN B	URNII	E, MD 2	1060
4 Donation 5 Other (Specify)				T							
		1.		22. HAM STN	E AND ADDRESS OF F	ACILITY VERAT	HOME				
23. PART I. Enter the diseases ahock, or heart fall ideases or condition	BUN	at caused the duse on each line	aath. Do no	SING 1 S	GLETON FUI ECOND AVE mode of dying, su	NERAL S.W	V. GLE			MD 210 Approximately interval Onset a	mate Between
23. PART I. Enter the diseases ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO	at caused the duse on each line O (OR AS A CONSE	QUENCE OF):	SIN 1 S	GLETON FUI ECOND AVE mode of dying, su	NERAL . S.W	V. GLE			Approxi	mate Betwee
23. PART I. Enter the diseases ahock, or heart fal IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OUE TO d. OUE TO	O (OR AS A CONSE	QUENCE OF):	SIN(1 S) of anter the	GLETON FUI ECOND AVE mode of dying, su	NERAI S.W ch as car	V. GLE reliac or real	N AUTOPSY PRMED?	reat,	Approxi	mate Betweend Deat
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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

OHMH-16 Rev 1/89

physician. burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	LORETTA		PFARE	?		7-23-1	93	8:29 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)	_	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	- B.	BIRTHPLACE (State or Foreign Country)
	214 14 3301	¹ □M ² √x ^F 93	YRS.	MONTHS DAYS	HOURS MIN.	11-2-1		Maryland
_	9a. FACILITY NAME (If not institution, give stre	et and number)		96. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY	OF DEATH
S S	16 S. Patterson	n Park Aven	ue	Bal	timore		NA	100
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	Maryland na			Baltim	oro			LIMITS?
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	16 So Patterso	on Park Ave	nue					USA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	.S. ARMED			HC ORIGIN? (Specify Ye	or No- 14.	. RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specific	n, Puerto Rican, etc.)		Specify:
	Δ	700	no					White
COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	6a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mo	IN st of working	16b. KIND OF BU	SINESS/INDUS	TRY
P	Elementary/Secondary (0-12)	College (1-4 or 5+)		, and any		Homen	naker	
ΣO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Summed	
	J	ames M Cle	mens				,	_
BE (19a. INFORMANT'S NAME (Type/Print)		196. MAILING A	ODRESS (Street a		nah Mc r		
임	Cecilia D'Adar	no	7882	Americ	ana Cin	cle T-1,	GlenB	Burnie, MD
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remov		LACE AND DATE OF	DISPOSITION (No				or Town, State
	4 X Donation 5 Other (Specify)	Oumoio	ery, crematory or other					
	21. SIGNATURE OF PUNERAL SERVICE LICE	MSEE Ronald Wa	de, Dir					my Board
	Monary 11	Jacks		655W	.Baltim	noreSt,Ba	lto,M	D21201
	23. FART I. Enter the diseases, or co	mplications that caused the st only one cause on each	he death. Do no	t enter the mo	de of dylng, suc	h as cardiac or resp	iratory srrest	, Approximate
	IMMEDIATE CAUSE (Finsi	A L	ii iiiie.					Interval Between Onset and Death
	disease or condition resulting in death) a.	Hizhern	as D	emen	tra			15413
	A THE SHAPE OF THE	DUE TO (OR AS A CO	ONSEQUENCE OF):					
NO	Sequentially list conditions, b.	DUE TO (OR AS A CO	ONSERVIEWOR OF					
AT	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A CO	ONSEDUENCE OF):					i
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (DR AS A CO	ONSEDUENCE OF):	:				
CERTIFICATION	resulting in death) LAST							!
	PART II. Other significant conditions	nontribution to death but	and all or details to	ultresider.		I		
BE	Deg enervirus	Contributing to death but	not resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	- segier correging	-server 1962	receive			1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?
2	-					-		1 YE\$ 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	ack ank anal		
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	ant 3 🗆 DOA	OTHER:		8 (Specify)	0	ciliary
H	27. MANNER OF DEATH	284. DATE DF INJURY	26b. TIME	OF 28c. INJ		28d. DESCRIBE HOW		
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUI		RK? ES 2 NO			
	3 Suicide 6 Could not be	28s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, str	set, factory, office		261, LOCATION (Street		Rural Route Number,
IE	4 Homicide determined	seriolity, etc. (opecity)				City or Town, State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my knowledge	ge, death occurred	at the time, data	and place, and due	to the cause(s) and ma	mer as stated.	
MO		On the basts of examination as						suse(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			QNED (Month, Day, Year)
BE (Konulcout	8			D396		► e)	6/9
2	30. NAME AND ADDRESS OF PERSON WHD	CDMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, F	rrint)				
	Robert Dart	7120	0 No Po	int Ro	ad, Ba	ltimore,	MD 2	1219
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	URE					
	AUG 12 1993	indiander Rad						

		HEGISTHAH		CE	:KIII	ICALE	OF DEATH		REG.
	8	1. DECEDENT'S NAME (First, Middle, Last)	= PAN	fe	1				ATE OF DEAT
		4. SOCIAL SECURITY NUMBER 096 0 - 42	5. SEX #. AGE 1 M 2 9	(In yrs. las	t birthday) YRS.	IF UNDER 1 YE			TE OF BIRT!
3	OR	9a. FAGILITY NAME (If not institution, give HEBYEW HOME	street and number)			96. CITY, TON	OK VILLE	DEATH	ND
	딦	10a. STATE 10b. COUNT	TY .		10c CIT	Y, TOWN OR LO	CATION		
8	DIRECTOR	Maryland Mon	tgomery			ckvil			
nsit permit.	FUNERAL	100. STREET AND NUMBER 6121 Montrose	Road				101. ZIP CODE 20852		
MARYLAND 21215-0020 s retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2. N		If yes	DECENDENT OF HISI I, specify, Cuben, Mex YES 2 ANO Spe		
215 attend	ED	15. DECEDENT'S EDI (Specify only highest grad	JCATION COMPRISED	16a. DE	CEDENT'S	USUAL OCCUP	PATION		16b. KIND O
212- tal or att	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	1			most of working		
AND the hospital detached	MP	none		Hon	ema!	ker			own
MARYLAN retained by the hot 5 should be detach notified at once.		17. FATHER'S NAME (First, Middle, Last) Samuel Bassior					Unava:		
HARY stained b should to	BE	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRESS (Str	eet and Number or Rui		
M/ e retai s 5 sh notii	5	Beatrice Pecar	ski	61			oad, Si		
BALTIMORE, MAR hours after death. Page 6 may be retained to by the funeral director, page 5 should, or removal. medical examiner must be notified		20a_METHOD OF DISPOSITION 1 \(\sum_{\text{Buriel}} \) Buriel 2 \(\sum_{\text{Cremation}} \) Cremation 3 \(\sum_{\text{Rec}} \) Ren 4 \(\sum_{\text{Donetion}} \) Donetion 5 \(\sum_{\text{Other}} \) Other (Specify)	novel from State	PLACE A		PEO/Me) C		8-1	ATE 20
ALTIMOR death. Page 6 m funeral director. xaminer must		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAM	E AND ADDRESS OF	FACILITY	931
BAL ter death the fune wal.		· gear	luck .				ls Churc		
B nours after d in by the or removal		23. PART I. Enter the diseases, or	complications that cause List only one cause on a	d the de	ath. Do n	ot enter the	mode of dying, s	uch es c	ardiac or i
y filled Intion, or the me		IMMEDIATE CAUSE (Final							
E - 10		disease or condition resulting in death)	DUE TO (OR AS	ES.	11/2	17	EART	F-4	712 1
N 8 5 - 6	_		A S 47	COMSEC	IUENCE OF	-):			
P.O. BOX 68: the certificate be execute anding physician and coll Hygiene prior to burian or other traumatic.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEC	UENCE OF	j:			
P.O. BOX th certificate be exampled physician a Hygiene prior to or other traum	CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	C-						
O. Certific Sing plant p	TIL	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEC	WENCE DE	7:			
OS, P.O. ne death certificate attending Mental Hygien Ijury, or oth	CEF		d						
CORDS, P.O. BC res that the death certificate signed by the attending physic teath and Mental Hyglene pri a any injury, or other tr		PART II. Other significent condition	na contributing to death t	out not re	suiting I	n the underl	ying cause given	in Part I.	24a. WA
Signed Health a Health a	EDICAL								1 🗆 YI
111 2 0 I S	Σ								
S t s t	AN	25. WAS CASE REFERRED TO MEDICAL	1						
VITAL IAN: The law tificate has b e State Dept.	Sic	EXAMINER?	HOSPITAL:	netlant 2	- noa	OTHER:	S. PLACE OF DEATH (
OF VITAL RE PHYSICIAN: The law requires certificate has been with the State Dept. of the d. or item 23 she	PHYSICIAN:	27. MANNER OF OEATH	28s. DATE OF INJURY	patrerit 3	28b. TIMI	E OF 28c.	Home 5 Residence	-	Ther (Specify DESCRIBE H
NG PHYSII frer this co eath with marked,	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJ	M 1	WORK? YES 2 ND	200 4	
ISIC TTENDI TTOR: A after d	0	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	/ — At hor	ne, ferm, s	treet, factory, o	office	28f. L	OCATION (S ity or Town,
OR DIRE	COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	rledge, des	th occum	d at the time	dete and place, and d	lue to the	cause(s) and
₹ 4 5 ×	MO		ER: On the basis of exemination						
	ш	296. SIGNATURE AND TITLE OF CERTIFIE	H V				29c. LICENSE N	UMBER	
TO THE DO SHED BY SHE BY SHED BY SHED BY SHE BY SHED BY SHE BY SHE BY SHE BY S	0 0	Steven	+ yson	-	n	11)	DO	58.	83

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

MONTROSE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9:20PM H s. BIRTHPLACE (State or For Country)
Poland 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White F BUSINESS/INDUSTRY home laiden Sumame) or Town, State, Zip Code) ing, Md. 20902 C. LOCATION — City or Town, State delphi, Maryland al Homes 22046 raspiratory errest, Approximate Interval Between **Onset and Death** IRE 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE AS AN AUTOPSY ERFORMED? ES 2 NO OF DEATH? 1 YES 2 NO OW INJURY OCCURED treet and Number or Rural Route Number, d manner as stated. ce, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 05883 10/92 ROCKVILLE DHMH-18 Rev 1/89

9

AUG 1 2 1993

FOR 1 - STATE

1 - FOR STATE REGISTRAR

ERNEST

1. DECEDENT'S NAME (First, Middle, Last)

YEAR

1993

Penn Street, Baltimore, Maryland

REG. NO.

09

2. DATE OF DEATH

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	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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MAKIO

31. DATE FILEO (Month, Pay, Year)

- 1	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	yrs. last birthda) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		93 /: 40 BIRTHPLACE (State
	153-24-1822		1 💢 M 2 🗌 F		63 YRS	MONTHS	DAYE	HOURS MIN.		4/29		Alabama
	9a. FACILITY NAME (If not institu	ition, give str	set and number)			9b. CITY	, TOWN C	R LOCATION OF DE		,	9c. COUNT	Y OF DEATH
	1422 MOSHE	ER ST	REET			B	ALT	MORE				
ı		b. COUNTY			10c. C	TTY, TOWN	OR LOCAT	ION				10d. INSIDI
	MD	N7	Α		В	altim						1 XYES
1	10e. STREET AND NUMBER							. ZIP CODE				N OF WHAT COUNT
	1422 Moshe	r Str	12. WAS DECEDER	NT EVER IN	IS ADMED	12		21217 ENDENT OF HISPAN	IC OBION	Maralla Mara		S.A.
	1 Never Married 2 Mai 3 Widowed 4 Divorced	COLORS I	FORCES? #F YES, GIVE 1953-	MAR OR DAT	2 NO		If yes, spi	pelfy Cuban, Maxicar 2 NO Specify	, Puarto		OF NO.	Black, Whita, atc. Specify: Black
	15. DECEDE (Specify only hig	ENT'S EDUCA	ATION		16a. DECEDENT	"S USUAL O			16b	KIND OF BUS	BINESS/INDUS	
	Elementary/Secondary (0-12)		College (1-4 or 5	+)	Spre	use retired.)	adming mo	at or working	W	estern	Coat	Pad Co.
	17. FATHER'S NAME (First, Middle	e, Last)						18. MOTHER'S NAI	ME (First, i	Middle, Malden	Sumame)	
	Edress Powe							Bessie				
2	19a. INFORMANT'S NAME (Type/							nd Number or Rural R		ber, City or Town	n, Stata, Zip Co	ode)
	Calvin Whee			Tan -	5514		d Av				206	
	1 A Burlai 2 Cremation 4 Donation 5 Other (Sp.	3 Ramon	val from State	20b.F	GARRES	OF DISPOS	REST	VET.	8/1	6 OWI	NGS M	ILL MD.
	21. SIGNATURE OF FUNERAL SE		Shey	- 6		22.	NAME AN	ID ADDRESS OF FAC	YLITY			
	23. PART i. Enter the disea ahock, or head IMMEDIATE CAUSE (Final	asea, or co t failure. L	omplications the lat only one ca	at caused	the death. Do oh line.		C.					W. Nort
	disease or condition resulting in death)				eroti		rdio	ovascul	ar 1	Diseas	se	
5	Sequentially list conditions											14
1 A 1	If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury	ta			CONSEQUENCE							1 84
CERTIFICATION	that initiated events resulting in death) LAST	d.	DUE TO	OR AS A	CONSEQUENCE	OF):						
	PART II. Other aignificant	conditiona	contributing to	death bu	t not resultin	g in the ur	dariying	cause given in	Part I.	24a, WAS AN PERFOR		24b. WERE AUTO
5									_	1 TYES 2		COMPLETIO OF DEATH?
										1 - YES 2		COMPLETIO
	25. WAS CASE REFERRED TO M	PEOICAL I						ACE OF OFATH (Che	—	INQU	XXN0	COMPLETIO OF DEATH?
	EXAMINER?		HOSPITAL:	□ ER/Outpa	Nent 3 Doa	OTHE	26. PL	ACE OF OEATH (Che		INQU	XXN0	COMPLETIO OF DEATH?
			1 Inpatient 2	FINJURY	28b. T	4 - Nur	26. PL R: sing Hom 28c. INJI	• 5 Residence	6 🗆 Othe	INQU	XXWO JIRY	COMPLETIO OF DEATH? 1 — YES
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH TO Thetural 5 Pen	nding	1 Inpatient 2		28b. T	4 🗆 Nur	26. PL R: sing Hom 28c. INJI WO	e 5 ♥ Rasidence	6 🗆 Othe	I □ YES 27 INQU	XXWO JIRY	COMPLETIO OF DEATH? 1 — YES
ED SI FILISICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 15 Netural 5 Pen 2 Accident Inve 3 Suicide 6 Cou		1 Inpatient 2 28s. DATE Of (Month, if	F INJURY Day, Year)	28b. T	4 - Nur	26, PL R: sing Hom 28c, INJ WO 1 Y	e 5 Residence URY AT RK? /ES 2 NO	8 - Other	INQU INQU (Specify) CRIBE HOW II	UIRY NJURY OCCU	COMPLETIO OF DEATH? 1 — YES
THE SIGNA	EXAMINERTY 1 YES 2 NO 27. MANNER OF DEATH TO Netural 5 Pen 2 Accident Inve 3 Suicide 6 Cou 4 Homicide date 298. CERTIFIER (Check only 1 CERTIFY)	nding estigation uid not be ermined	28s. DATE OF (Month, I 28s. PLACE (building)	F INJURY Day, Year) OF INJURY - , etc. (Specifi	At home, farm	4 Nur IME OF NJURY M n, street, fac	26. PL R: sing Hom 28c. INJ 1 1 1	e 5 Rasidence URY AT RK7 /ES 2 NO e	28d. DES	I VES 2 INQU I NQU ((Specify) CRIBE HOW II ATION (Street a or Town, State)	JIRY NJURY OCCUI	COMPLETIO OF DEATH? 1 YES RED Rural Route Number
THE STORY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Accident 2 Accident 3 Suicide 6 Cou 4 Homicide 6 Cou 6 Check only one) 2 MEDICAL	nding stigetion aid not be armined	28s. DATE OF (Month, I 28s. PLACE (building)	F INJURY Day, Year) OF INJURY - , etc. (Specifi	At home, farm	4 Nur IME OF NJURY M n, street, fac	26. PL R: sing Hom 28c. INJ 1 1 1	URY AT RK? VES 2 NO	28d. DES	I VES 2 INQU I NQU ((Specify) CRIBE HOW II ATION (Street a or Town, State)	JIRY NJURY OCCUI	COMPLETIO OF DEATH? 1 YES RED Rural Route Number
	EXAMINERTY 1 YES 2 NO 27. MANNER OF DEATH TO Netural 5 Pen 2 Accident Inve 3 Suicide 6 Cou 4 Homicide date 298. CERTIFIER (Check only 1 CERTIFY)	nding stigetion aid not be armined	28s. DATE OF (Month, I 28s. PLACE (building)	F INJURY Day, Year) OF INJURY - , etc. (Specifi	At home, farm	4 Nur IME OF NJURY M n, street, fac	26. PL R: sing Hom 28c. INJ 1 1 1	e 5 Rasidence URY AT RK7 /ES 2 NO e	28d. DES 28f. LOC City to the certifine, deta	INQUEST OF THE PROPERTY OF THE	JIRY NJURY OCCUP Ind Number or Index 10 the 6	COMPLETIO OF DEATH? 1 YES RED Rural Route Number

whis Davids

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

POWELL

3. TIME OF DEATH

7:40

DHMH-16 Rev 1/89

21201

FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH 8-10-93 MONTH DAY 10-93 1. DECEDENT'S NAME (First, Middle, Last) ELLA EVA RICE 3. TIME OF DEATH £119 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Dwy, Year, IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🗌 M 2 🖵 F 12 1145 113 9-15-11 New York has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 9a. FACILITY NAME (If not institution, give atreet and number) 96. CITY, TOWN OR LOCATION OF DEATH 20817 9c. COUNTY OF DEATH lilson WILSON HEOH ealth DIRECTOR enter 101 hersburg Montgomery 10e. STATE 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Montgomery Gaithersburg Co 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 403 Russell Avenue #603 20877 USA hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify Spec#y: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Harold Edgar Andrewes Ella Kyle 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip 20098 7 9 19s. INFORMANT'S NAME (Type/Print) 2 Ms Baker, Attorney 931 B Russell Avenue, Gaithersburg, MD be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION - City or Town, State must 1 Burial 2 Cremation 3 Re 4 Departion 5 Other (Specify) cemetery, crematory or other place) examiner Wade, Dit 22. NAME AND ADDRESS OF FACILITY Ronald State Anatomy Board 655W.Baltimore St, Balto, MD21201 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Betwe MMEDIATE CAUSE (Final Onset and Death the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 disesse or condition_ restu ulce resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS CONSEQUENCE OF MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, iasding to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST 10 23 shows any Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item DIRECTOR: After this certificate I hours after death with the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investige BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 99 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be Item 28 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. HOSPITAL FUNERAL I IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c LICENSE NUMBER BE 出る 품 8 les Milum D19296 M 10 28 0 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CATHERIDURL ME 911 MELNICK RUISKLL 10 32 REGISTRAR'S SIGNATURE AUG 12 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif nermit Pages	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	or removal,
IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, La				.0/11				HEG. NO				
	Montes ne						2. DATE OF DEATH MONTH DAY YEAR 93			3. TIME OF DEATH M			
	4. SOCIAL SECURITY NUMBER 061-34-8884	5. SEX	6. AGE (In yrs. les	t birthday) 2 YRS.	IF UNDER	DAYS	IF UNDER	24 HRS, MIN.	7. DATE OF BIRTH FED. 13, 1	941		PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, gir	_	9b. CITY										
OR	Anne Arundel	tal		Annapolis Se. COUNTY OF D Annapolis Anne A									
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COU	ity		10. 07	V TOUR							10d. INSIDE CITY	
DIRECTOR	Virginia Pri	1	caty, town or Location Joodbridge										
FUNERAL	3329 Rollingwood Drive							101. ZIP CODE 22192			10g. CITIZEN OF WHAT COUNTRY?		
빌	11. MARITAL STATUS												
F	1 Never Married 2 Married		IT EVER IN U.S. AR				ENDENT (OF NISPAN	HC ORIGIN? (Specify Yes	or No-	14. RACE Black.	- American Indian, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES			1 X YES	2 NO	Specify	can		Specify: White		
	15. DECEDENT'S E (Specify only highest gri		16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON of of updain		16b. KIND OF BUS	SINESS/INC	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	- Aifm	Do NOT u	se retired.)		SI OF WORKE	ng					
MP	12th			Si	ales	5			Tobac	CO			
Ö.	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maiden				
BE	Americo Monte	S							da Rosa				
2	190. INFORMANT'S NAME (Type/Print) Mrs. Yolanda	Montes	3	329	Rol	s (Street a	nd Number	or Rural F	Poute Number, City or Tow Prive Woo	n, State, Zir dbr:	idge	,VA22191	
	20a. METHOD OF DISPOSITION 1 String Burlel 2 Cremetion 3 Re	emoval from Stata	20b. PLACE	NDDATE	OF DISPOS	SITION (Na	me of		DATE 20c. LO	CATION —	City or Tow	vn, State	
- 1	1 X Burlel 2 Cremation 3 Removal from State Commeter, crematory or other place) 4 Donetton 5 Other (Specify) Fairfax Memorial Park 8/11/93 Fairfax, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE												
											22191		
	1-fland.		5-						quan Rd.				
Ì	23. PARP I. Enter the diseases, o	r complications the	t caused the de	ath. Do i	not enter	the mo	de of dy	ing, auci	h aa cardiac or reapi	retory an	rest,	Approximate	
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition												
1	DUE TO (OR AS CONSEQUENCE OF):												
Z	Sequentially list conditions, a Coronary artery atheroschroses months												
ATIC	oue to (or als a consequence or):												
	CAUSE (Disease or injury that initiated events	C. OUE TO	(OR AS A CONSEC	OUENCE OF	F):								
CERTIFICATION	resulting in death) LAST												
- 11	PART II. Other aignificant conditi	ona contributing to	death but not r	eauiting	in the ur	deriving	cause o	niven in i	Part i. 24e, WAS AN	ALITODEV	24h	WERE AUTOPSY FINDINGS	
EDICAL			ming in the underlying cause given in P				PERFORMED?			AMALABLE PRIOR TO COMPLETION OF CAUSE			
										OF DEATH?			
2									—		-	1 TES 2 NO	
Ä	25. WAS CASE REFERRED TO MEDICAL	1											
o l	EXAMINER?	HOSPITAL:	,		OTHE		ACE OF D	EATN (Che	ock only one)				
PHYSICIAN:	1 TYES 2 NO		ER/Outpatient 3	-				sidence	6 Other (Specify)				
BY PH	1 Naturel 5 Pending	28a. DATE OF (Month, D		28b, TIM INJ	E OF URY M		URY AT RK? 'ES 2	NO	28d. DEŞCRIBE HOW I	NJURY OC	CURED		
	3 Suicide 6 Could not t	28e. PLACE C	F INJURY — At hor etc. (Specify)	me, farm,	street, fec	tory, office			28f. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	oute Number,	
	an according												
COMPLETED									to the ceuse(a) and mar time, deta and place, an			end manner as stated.	
BE	William 9	Potto	, 11.				29c, LICE	13°	BER 92	29d. DAT	E SIGNED	(Month, Day, Year)	
2	BATTAILE	S hean	SE OF DEATH (ITEM	h N	Print)	./	711	15	4		1		
, l	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	7	M	¥	~/ (-			
4	31. DATE FILED (MORTH, Day, Year) 32. REGISTRAR'S SIGNATURE 33. REGISTRAR'S SIGNATURE 34. REGISTRAR'S SIGNATURE 36. REGISTRAR'S SIGNATURE												

mit. Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Las Ri	ta Eliza	beth Rod	lowsk	4			2	MONTH 08	DAY 09	YEAR Q 2	3. TIME OF DEATH 4:00 P
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. last		67	1 YEAR DAYS	IF UNDER	24 HRS. 7 MIN.	DATE OF BIRTH	07	8. BIRT Coun	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give 3701 Old North 1	! Lot 79			Duno		ON OF DEAT	н	9c. COUNTY OF DEATH Baltinone			
nesidence of Decedent 100. STATE 100. COUN		10c. CITY, TOWN OR LOCATION Edgemere						10d. INSIDE LIMITS 1 10 YES			
10a. STREET AND NUMBER 24 Thomas Lane				10f	ZIP CODI	219		10g. CITIZEN OF WHAT COUNTRY			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	IT EVER IN U.S. ARN YES 2 NO			If yes, spe	ENDENT O	F HISPANIC	ORIGIN? (Specifi Puerto Rican, etc.	IGIN? (Specify Yes or No			
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		(GA life.	Do NOT us	usual or work done (se retired.)	during mo	ON st of workin	g		business/in		
17. FATHER'S NAME (First, Middle, Last)		Donn				18. MOTH	IER'S NAME	(First, Middle, Me		4	
190. INFORMANT'S NAME (Typo/Print) Joseph Rodowsky	196	. MAILING	N. P	s (Street a	nd Number t Rd.	or Aurel Aou Lot	to Number, City of 79 Dunc	Town, State, 2 Lalk, M	cio codo) d. 2	1222	
20s. METHOD OF DISPOSITION 1 Burlel 2 M Cremation 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of camejery, crematory of complex) (rematory of camejery, crematory of cameje											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. 622 (harles S. Zeiler & Son Inc. 622)										-1	
23. PART I. Enter the diseases, o ahock, or heert fellum	e. List only one ceu	et caused the dec	ath. Do r	C	har	les S	.Zeil	ler & So	on Inc	· Ear	Approximate Interval Between
ahock, or heart fellum	a. HEPA DUE TO	et caused the dec	ath. Do r	not enter	har	les S	.Zeil	ler & So	on Inc	· Ear	Approximate Interval Between
shock, or heert fellum IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	B. List only one ceu B. DUE TO C. DUE TO d	R caused the desise on each line. TOMA (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ	DUENCE OF	F):	the mo	les S de of dyi	ng, such a	er & Sons cardiac or r	on Inc	Ear	Approximate Interval Betwo Onset and De
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death. Page 6 may be retained by the hospital or attending 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FUNERAL DIRECTOR: At within 72 hours after de tTANT: #f item 28 is 1

HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

28 is

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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PRANCES TO KHOO

132, REGISTRAR'S SIGNATURE

AUG 1 2 1993

perfer Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ROBERTSON CATHERINE-3. TIME OF DEATH her e 8.00 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Folia 1 - M 2 XF YRS 6 11/7/08 Penna. 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Towson more RESIDENCE OF DECEDENT 19c. CITY. TOWN OR LOCATION 10d. INSIDE CITY Balto Maryland Towson 1 YES 2 1 NO 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1010 Valewood Road 21286 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) ΒY 1 TES 2 NO Specify: Specify: 3 😾 Widowed 4 🗌 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) BE Angelo Galliano Ermenia DeNapoli 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Louise Kraybill 3907 Ridgecroft Road 21206 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State
4 Donation 6 X Other (Specify) Entombment 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION --- City or Town, State DATE Dulaney Valley Mem. Grdns | 8/12 /93 Timonium , Md. 21093 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1050 York Road 21204 /Mala alle Ruck Towson Funeral Home, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition FAILURE CONSESTIVE HEART resulting in death) DUE TO (OR AS A CONSEQUENCE OF): HEART ISCHEMIC PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE ACUTE CENAL FAILURE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO ng Home 5 🗆 Residence 8 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Netural М ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 巴 8 Could not be 4 Homicide COMPLET CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D30263 STAFFEND > 8-9-93 2

ST- JOSEPH

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF			ENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, (Last)	Josephine Joseph		ds			2. DATE OF DEATH MONTH D	0 93	AR	905/AMA
	4. SOCIAL SECURITY NUMBER 2/4/4/289/		(In yrs. last birthday) YRS.	MONTHS DAY	1	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) $7 - 28 - 6$		BIRTHPLAC Country) Marv	ce (State or Foreign
OR	9a. FACILITY NAME (If not institution, give MANOR CARE			N OR LOCATIO	ON OF DEA					
DIRECTOR	10a. STATE 10b. COUNT Maryland	_	ry, TOWN OR LO						Od. INSIDE CITY LIMITS? YES 2 NO	
AAL	10e. STREET AND NUMBER	D21		ltimore	10f. ZIP CODE			10g. CITIZEN		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	2 X NO	If yes		F HISPANIC n, Maxican,	C ORIGIN? (Specify Yaz Puarto Rican, etc.)	U. S. 14.	RACE - / Black, Wh Specify:	
COMPLETED	18. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	Ille. Do NOT t	work done during use retired.)	ATION most of working	g	166. KIND OF BUSINESS/INDUSTRY			WHITE	
OM	17. FATHER'S NAME (First, Middle, Last)		Housew	re	18. MOTH	IER'S NAM	E (First, Middle, Maiden	Sumame)		
BEC	John Saffa					onia				
2	19a. INFORMANT'S NAME (Type/Print) Joan Mary Depl	ri n		Bluebe			oute Number, City or Tow			
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ref	2	20b. PLACE AND DAT	E OF DISPOSIT		A(O)	DATE 20c. LO	CATION City		
	22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Avenue Essex, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,									
Z	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	aDUE TO (OR AS	aach Ilna.	DF):						Interval Betwee Onset and Deat
: MEDICAL CERTIFICATION	Sequentiality list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions of the Control of the Contro		t resulting in the underlying cause given in Part i. 24a. WAS AN AUTO PERFORMED 1 YES 2 1					COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	8. PLACE OF DI	EATH (Chec	ck only one)			
PHY	1 TYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/O	Y 26b. TI	ME OF 28c	INJURY AT WORK?		Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUP	RED	
red BY	Accident Accident							Rurel Route	Number,	
COMPLETE	anal and	SICIAN: To the best of my known							ause(a) an	d manner as stated.
TO BE C	396. SIGNATURE AND TITLE OF CERTIFIC	HOLD W	DEATH (ITEM 27) (Tv	ee. Print)	D -	ENSE NUM	B49	≥ B	- / C	onth, Dey, Year) 0 - 9 3
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0	AUG 1 2 1993	Julia Davids	n-Randell							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFI	CALE OF	DEATH	REG. NO).							
	1. DECEDENT'S NAME (First, Middle, Lest)	REICHE	ERI F	rank C.	Reicher	monting.	20	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign						
1 -	215 07 0171	1 ☑ M 2 □ F	85 YRS.	NONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)						
	9e. FACILITY NAME (If not institution, give s	1 22		at OUTV TOURS		loct. 30,	1907	Maryland						
CC.			OR LOCATION OF D			Y OF DEATH								
0	Harbor Hospital Center Baltimore City Baltimore City													
) h	THE STATE AND COUNTY													
DIRECTOR	Maryland An	ne Arundel	10c. C111,	TOWN OR LOCAT		sadena		10d. INSIDE CITY LIMITS? 1 YES 2 X NO						
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?						
H H	217 New York Ave				2112	2	United States							
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye								
	1 Never Married 2 Married	FORCES? 1 YES	2XXNO	If yes, sp	ecify Cuban, Maxica	in, Puerto Ricen, etc.)	140 — 140 m	I. RACE — American Indian, Black, White, atc.						
B∀	3 Widowed 4 Divorced	IF TES, GIVE WAR OR E	AIES	1 L YES	NO Specif	y:		Specify: White						
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF RUSINESS/INDUS														
15. DECEDENT'S BUCKTION (Specify only highest grade completed) (Specify only highest grade completed) (She kind of work done during most of working the Do NOT use nating)								STRY						
Elementary/Secondary (0-12) College (1-4 or 5 +)								ting Company						
Z	8		Litho	grapher				cing company						
18	17. FATHER'S NAME (First, Middle, Last)		m . 1 -1		18. MOTHER'S NA	ME (First, Middle, Maider	Sumame)							
BE	Jacob		Reichert		Margar	eth Kunne	egunda	Kern						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e	and Number or Rural	Route Number, City or Tox	vn. State. Zip Co	ode)						
2	Robert Reichert		217 1	Vew Yor!	k Ave., 1	Pasadena,	MD	21122						
	20a, METHOD OF DISPOSITION	Lon												
1 NBurlet 2 Cremetion 3 Removal from State								y or Town, State						
1	4 Donetion 5 Other (Specify)	M	eadowridge				Elkrid	ge, MD						
	21. SIGNATURE DE FUNERAL SERVICE LIC	CENSUE			D ADDRESS OF FA									
1	· Stol X	Yal .		MCC	ally Fune	eral Home	of Pas	adena						
	23. PART I. Enter the diseases, or a	Manual Complete Compl	1 th - d - th - D	3204	+ Mounta	in Rd., Pa	sadena	, MD 21122						
	shock, or heart fellure.	List only one cause on a	ech line.	t enter the mo	de of dying, suc	h aa cardlac or reep	iratory arrea	t, Approximata						
	IMMEDIATE CAUSE (Finel) Onset and Death													
	disease or condition resulting in death)	. Hapua	tion 16	on se	eding a	tue Mac	heosla	la la						
	The same of the sa	DUE TO (OR AS	CONSEQUENCE OF)											
Z	-	. a. u	ina)											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	CONSESSENCE OF											
3	cause. Enter UNDERLYING	. (a.	Kidne	6 2										
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	CONSEQUENCE OF:	X										
1 2	resulting in death) LAST	Coi	>1	O										
Image: Control of the control of the		4												
	PART II. Other algnificent condition	s contributing to death b	ut not reaulting in	the underlying	g ceuse given in	Part I. 24s. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS						
EDICAL						PERFO	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
						1 _ YES	NO	OF DEATH?						
Σ						_		1 TES 2 NO						
PHYSICIAN:														
13	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOOFITAL			ACE OF DEATH (Ch	eck only one)								
S	1 TYES 2 NO	HOSPITAL: 1 Vinpetient 2 - ER/Out		OTHER:	e 5 🗆 Residence	8 Other (Specify)								
! ≥ !	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT		INJURY OCCUE	RED						
	1 Natural 5 Pending	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 Accident Investigation W 1 YES 2 NO											
₽	1 Natural 5 Pending 2 Accident Investigation		- At home form ste			204 4 2047/204	28e DI ACE OF IN HIEV At home for street first and the							
₽	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm, str			281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,						
ED BY	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY	— At home, ferm, str			281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,						
ED BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	offy)	eet, factory, office		City or Town, State)							
ED BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28e, PLACE OF INJURY building, atc. (Spe-	ledge, death occurred	eet, factory, office at the time, date	and place, and due	City or Town, State	nner as atated.							
COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. PLACE OF INJURY building, atc. (Spe- CIAN: To the best of my know R: On the basis of examination	ledge, death occurred	eet, factory, office at the time, date	and place, and due	to the cause(a) end ma	nner as stated.	cause(e) and manner ee stated.						
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BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b) HIGNATURE AND TITAL OF CERTIFIER	28e. PLACE OF INJURY building, atc. (Special Country of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination	ledge, death occurred n and/or investigation,	at the time, date	and place, and due	to the cause(a) end ma	nner as atated. nd due to the c	cause(e) and manner ee stated.						
BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b) HIGNATURE AND TITAL OF CERTIFIER	28e. PLACE OF INJURY building, atc. (Special Country of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination	iedge, death occurred in and/or investigation,	at the time, date	and place, and due	to the cause(a) end ma	nner as atated. nd due to the c	cause(e) and manner ee stated.						

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E FU	DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALLIMORE, MARYLAND 21215-0028	TO THE HOSPITAL DR ATTRONONG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending produces.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MEDDOCANT Glam Of la mending of them 92 about military on other desired as an adding accompany and he madded as an a
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	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEAL CATE OF DE		ITAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Lest)	Swoon	Swann		2.1	DATE OF DEATH	7 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-70-14-39	5. SEX 6. AGE (In	yrs. lest birthdey) 75 YRS.	IF UNDER 1 YEAR IF UI MONTHS DAYS HOUI		DATE OF BIRTH Month, Day, Year)	7 0	INTHPLACE (State or Foreign country)
OR	9a. FACILITY NAME (If not institution, give s Stella Mari	reet and number) HOSPIC	e	96. CITY, TOWN OR LOC			9c. COUNTY	of DEATH
DIRECTOR	10a, STATE 10b, COUNTY		10c. CITY,	TOWN OR LOCATION				10d, INSIDE CITY
	Mary1and		Ва	ltimore				LIMITS?
FUNERAL	100. STREET AND NUMBER 203 E. Lanval	a Street		101. ZIP 0	CODE		10g. CITIZEN	OF WHAT COUNTRY?
NA.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED	13 WAS DECEMBER	NT OF NISPANIC OF	RIGIN? (Specify Yes o	U.	PACE — American Indian,
BY FI	1 Never Married 2 Married	FORCES? 1 YES	25 NO		Cuban, Maxican, Pu		-	Black, White, etc.
	3 Wildowed 4 Divorced	DAYION L						Diack
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	SUAL OCCUPATION ork done during most of w retired.)	rorking	16b. KIND OF BUSIN	IESS/INDUST	RY
를	8th grade		Short o	rder coo	k			
S	17. FATHER'S NAME (First, Middle, Last)			18. N	MOTHER'S NAME (F	irst, Middle, Malden Sc	mame)	
5	Robert Swann		-		oris C		-	
TO BE	19a. INFORMANT'S NAME (Type/Print) Doris Curtis			ADDRESS (Street and Nur				⁹ 21217 Taryland
5	20s. METHOD OF DISPOSITION	20b. P		Bryant A				or Town, State
	1 St Burtal 2 ☐ Cremation 3 ☐ Remarks 4 ☐ Donation 5 ☐ Other (Specify)		ery, cremetory or oth	_{er place)} Lar Ceme		10/82 to		
	21. SIGNATURE OF FUNDIAL SERVICE LIC	ENSUE -		22. NAME AND ADD		4		Gilmor St.
	· ageras	garus		Leroy	Harris			re, Md21217
nanca nanca	23. PART I. Enter the diseases, or o	omplications that caused t	he deeth. Do no	t enter the mode of	dylng, such es	cardiac or reepira	tory srreet,	Approximate
	IMMEDIATE CAUSE (Final disease or condition			\		_	,	Interval Between Onset and Death
GAGIII, I	resulting in death)	, Haguire	d HUT	o Immur	k le	Humu	341	ndore
		DOE TO (OH AS A C	ONSECUENCE OF)	•				
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF)					
TIFICATION	CAUSE (Disease or Injury	h Die TO (OD 40 4 0	0110501151105 05					
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	ONSECUENCE OF)	:				
		1						
	PART II. Other significent condition	a contributing to deeth but	not resulting in	the underlying ceus	se given in Part	PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
: MEDIC						1 TES 2	\$NO	COMPLETION OF CAUSE OF DEATH?
Σ								1 🗆 YES 2 🐧 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE O	OF DEATH (Check on	nly one)		
YSICI	1 TES 2 NO	HOSPITAL:		OTHER:	Residence 8	Other (Specify)	900	ice
BY PH	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WORK?	_	DESCRIBE HOW INJ	URY OCCURE	D
	2 Accident Investigation	28e. PLACE OF INJURY —	At home form et	M 1 YES		10017011/0		
TED	4 Homicide 8 Could not be	building, atc. (Specify,)	est, factory, office	201.	LOCATION (Street and City or Town, State)	Number or Hi	rai Houte Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my knowled	ige, death occurred	at the time, data and of	face, and due to the	e Cause(e) and manny	or ee Stated	
BE COMPLE		R: On the basis of examination a						use(a) and menner as stated.
BEC	296 SIGNATURE AND TITLE OF CENTIFIER	Donla	Λ	290.	LICENSE NUMBER	20	ed. DATE SIG	NED (Month, Day, Year)
TO B	Callan	myan	elev	W C	1270	8+	18/	7193
[]	30. NAME AND ADDRESS OF PERSON WHO	OUMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, F	Print)				
2	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNAT	URE	,				
7	ALIA 1 9 1993	Julia Davidson	Rando M.					

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundartran	hours after death with the State Deot, of Health and Mental Hvolene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	cuted within	d completely	unal crema
BOX 6	ate be exer	hysician an	brior to b
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AL R	ME JAM	has be	Dept.
VIT.	IAN: Th	tificate	e State
OF	PHYSIC	this cer	with th
ON	NDING	: After	death
VIS	ATTEN	RECTOR	irs after
0	P.	S	hou

		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF I	HEALTH AND	MENTAL HYGIEN		
v 1	73	1. DECEDENT'S NAME (First, Middle, Last)					2 DATE OF DEATH		3. TIME OF DEATH
,		George R. STURGE	ON				August 9	1993	5:13 pm m
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	RTHPLACE (State or Foreign ountry)
9		216-30-7550 Sa. FACILITY NAME (If not institution, give str	1 🖾 M 2 🗆 F	59 YRS.			Jan. 26.		arvland
2, 3 should	Œ	No.				OR LOCATION OF DI	EATH	9c. COUNTY C	200-00
0.0	5	Franklin Square H	ospital		Rossvi	TTe		Balti	more
Ran)	DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
		Maryland Balti 100. STREET AND NUMBER	more	Mic	ddle Riv	er f. ZIP CODE		T 40 - 01777711	1 YES 2 NO
ig.	FUNERAL	529 Darkhead Road				21220			A A
physician. burial-transit	S	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMEO	13. WAS DEC	CENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	U. S. or No. 14. F	ACE — American Indian,
ng phy	BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify	n, Puerto Rican, atc.)		Black, White, etc. pecify:
attending physician. se as the burial-trar		15. OECEDENT'S EDUC	ATION	16a DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	Shiftee (hip) lette	White
or use	ET	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of silfe. Do NOT us	work done during me	ost of working	ISB. KIND OF SU	SINESS/INDUSTR	7
the hospital detached for	COMPLETED	11		Assemb	ler		Genera	1 Motor	S
by the hospital or attending be detached for use as the at once.	00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
	BE	Alfred Sturgeon 190. INFORMANT'S NAME (Type/Print)		the wall on			Murphy		
retained 5 should notified	2	Rarbara Sturgeon					Route Number, City or Tow		
ay be		20e. METHOD OF DISPOSITION	20b	PLACE AND DATE	erkhead of Disposition (N		dle River	CATION — City o	
Page 6 may il director, pa ner must b		1 Buriel 2 Cremetion 3 Remo		netery, crematory or o	ther place) Mem. G	ard. 8/	1		Maryland
death. Pag e funeral di d. examiner		21, SIGNATURE OF FUNERAL SERVICE LICE		-		ND ADDRESS OF FA	uneral Hom		· Tarytauu
or death. The funeral al. Examir		Min &	neglyn	de					rvland 21221
24 hours after death. Page 6 m filled in by the funeral director, on, or removal.		23. ART I. Enter the disesses, or co shock, or heart fellure. L IMMEDIATE CAUSE (Final disesse or condition	ist only and cause on e	ech line.	not enter the mo	ode of dying, suc	h as cardlec or resp	Iratory arrest,	Approximate interval Between Onset and Death
rted within 24 completely fill ial, cremation, cevent, the		resulting in death)	ENDSTE	CONSEQUENCE OF	rosta	le L	ancer		
and com o burial, c	z	0 1 072 1771		OUNDEDOLINGE O	, ,.				
to certificate be executed within 24 anding physician and completely fille Hygiene prior to burial, cremation, or other traumatic event, the	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				
he death certificate be e the attending physician Mental Hygiene prior to njury, or other traun	S	CAUSE (Disease or Injury	DUE TO (OD AS A						
death certificate attending physical ental Hygiene pri	E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	JENCE OF):				1
death atte	- 1	d.	•						
by and	SAL	PART II. Other significent conditions	contributing to deeth b	ut not resulting	In the underlyIn	g ceuse given in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
두 정도 등	MEDIC						1 _ YES 2	NO	OF DEATH?
been signer. of Healt	Σ.						_		1 - YES 2 NO
cate has be cate Dept.	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Ch	ack only one)		
ician: The sertificate I the State	YSI		HOSPITAL: 1 Inpatient 2 ER/Outp	etlent 3 🗆 DOA	OTHER: 4 Nursing Horn	ne 5 🗆 Residence	8 Other (Specify)		
this with with	٥.	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	JURY AT DRK?	28d. DESCRIBE HOW I	NJURY OCCURE	
After After death	B	2 Accident Investigation	286. PLACE OF INJURY	- At home form		YES 2 NO	201 1 00171011 (0	-111 -1- 0	
OR ATTENDING DIRECTOR: After hours after death	E I	4 Homicide 8 Could not be	building, atc. (Spec	city)	and the control of the		281, LOCATION (Street of City or Town, State)		rai Houte Number,
OR A DIREC hours	J.	29e. CERTIFIER (Check only	IAN: To the best of my know	ledge, death occurr	ed at the time, date	and place, and due	to the cause(s) and ma	oner se stated	
=	COMPLET		On the basis of exemination			feath occured at the	time, date and place, en	d due to the ceu	
TO THE HOSPITA TO THE FUNERA De filed within 72 IMPORTANT: II	TO BE	Merron Cloer n	Hous		v	D389		P 8	ED (Month, Day, Year)
		Herren Olde	COMPLETED CAUSE OF DE	2,8.9	,	Street	Battin	vove 1	N. V. 21201
	25	31. DATE FILED (Month, Day, Year) AUG 1 2 1993	32. REGISTRAR'S SIGN.	ATLIDE					
_	100								DHMH-16 Rev 1/89

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	1 - STATE REGISTRAR		CERTII	FICAT	E OF	DEAT	H	REG.	NO.		
200	1. DECEDENT'S NAME (First, Middle, Lest) MILDRED	L.	STAN					2. DATE OF OEAT 8 MONTH 9	Н	993	3. TIME OF OEATH 2:18A
0	4. SOCIAL SECURITY NUMBER 216 36 3142	5. SEX 6. AGI	E (In yrs. lest birthday, 60 YRs.	IF UNDER	DAYS	IF UNDER	20104	7. DATE OF BIRTH (Month, Day, You SEPT. 4	nr)	Coun	HPLACE (State or Foreign by) TH CAROLINA
DIRECTOR		treet end number) HOSPITAL		9b. CIT	BAL	T IM	ORE	CITY	9c. CO	UNTY OF I	DEATH
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. C	TY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
E I	MARYLAND				TIMO						LIMITS?
	10e. STREET AND NUMBER			DAL		ZIP COOE			10g. CI	TIZEN OF	WHAT COUNTRY?
ER.	758 LINNARD STRE	EET				2122	9		u.s	. OF	Δ
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13.	If yes, sp	ENDENT O	ı, Mexican,	C ORIGIN? (Specif , Puerto Rican, atc	y Yea or No-	14. RAC Blac	E — American Indian, k, White, etc.
8	15. OECEOENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT	S USUAL C	CCUPATIO	ON .		16b. KINO OF	BUSINESS/IN		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT				g				
MP	N/A		NURSING	ASS:	ISTA				NG HOM		
	17. FATNER'S NAME (First, Middle, Last)							E (First, Middle, Me			
BE	CLEM EVANS							A MUNFO			Dent Francisco
2	196. INFORMANT'S NAME (Type/Print) MISS LEOLA DORS	SEY	758 L					LTIMORE			21229
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	oval from State	Ob. PLACE AND DATI	ether place	SITION (Na	me of	1724	DATE 20	LOCATION -	- City or T	own, Stata BALTO.
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF)	ARKISUN	FURES	DI VI	in Appres	EM.	8/13/93	OWING	S MI	LLS,MD.CO.
	+ Lewis	LEW LEW	IS T. G	WYNN	LEV	ATO T	. GWI.	MN FUNE	RAL HO	ME :	21215-6393 ORE MARYLAN
NO	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS	OSCUER S A CONSEQUENCE	OF):	c	erpi	OVA	BOULA	R Pl	SEA8	Interval Between Onset and Daat
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	S A CONSEQUENCE								
DICAL	PART II. Other algolificent condition	s contributing to death	but not resulting	In the U	nderlying	g cause g	iven in P	PE	S AN AUTOPS'	1 24	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL				00 50	ACE OF C	EATN M	k only one)			
200	EXAMINER?	HOSPITAL:	utantiant 2 1 000	OTHE	A:						
PHYSICIAN: ME	27. MANNER OF OEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year	Y 28b. TI	_	28c. INJ WO	_		Other (Specify, 28d. DESCRIBE N		CCURED	20)
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide datermined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm pecify)	, street, fac				28f. LOCATION (Si City or Town,		er or Rural	Route Number,
COMPLETED	000)	CIAN: To the best of my known									e) and menner se stated.
TO BE CC	296 SIGNATURE AND TITLE OF CERTIFIE	Selle	Aut			29c, LICE	NSE NUM CME				9 1993
	30. NAME AND ADDRESS OF PERSON WHITE AND ADDRESS OF PERSON WHITE ADDRESS OF PE	COMPLETED CAUSE OF JRM 32' REGISTRAR'S SH	111 Pen		tree	t, E	Balt	imore,	Mary	land	21201

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fundable filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	AND DESCRIPTION OF STREET PARTY OF STREET, STR

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Г	1. D	ECED	ENT'S	N
в.		m	n.	1

1. DECEDENT'S NAME (First, Middle, Leet)	SOLAN	IKA			2. DATE OF DI MONTH AUG	DAY 19	143	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 143-05-5119 9a. FACILITY NAME (If not Institution, give etc.)	1 M 2 F	AGE (In yrs. last birthday) 74 YRS.	MONTHS DAYS 9b. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF I	7. DATE OF BI (Month, Day, MAR)	17,1919	O. BIRTH Country CA	RFIELD, N
PALLSTUN CE RESIDENCE OF DECEDENT 10a. STATE MACYLANI) 10b. COUNTY	ARFORD	(O_ 10c. CITY	TOWN OR LOCAT	USTON AIR	<u> </u>	. 17.	AG	10d. INSIDE CITY LIMITS? 1 YES 2 PAO
104. STREET AND NUMBER 509 CESKY	PLACE	E	101	ZIP CODE 2101	4	10g. CIT	TIZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, OIVE WAR (YES 2 DIO	If yee, sp	ENDENT OF HISP.	ANIC ORIGIN? (Special, Puerto Rican, ####################################	ecity Yes or No-	Speci	American Indian, k, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Leet)		16e. DECEDENT'S I (Give kind of w INe. Do NOT use	rork done during mo	SEK	-	OF BUSINESS/IN	DUSTRY	
JOHN MIS	SKO SKO	n 19b. MAILINO	ADDRESS (Street e	EVA	AME (First, Middle,	IGR15	AC,	K
FAMILY RE 200. METHOD OF DISPOSITION	ECORDS	20b. PLACE AND DATEO	me.	A	SAF	200. LOCATION -		own, Stata
1 Burial 2 Cremation 3 Ramo	rval from State	cometary-cramatory or our	THE CONTRACTOR					
4 Donetion 6 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICE	J. Jav	MORETH LIC. H MOGT	AVA.	ND ADDRESS OF I	WERAL	CORB TO	Por). 1000-
4 Donation 6 Other (Specify)	omplications that cause of the	was a consequence of	ot enter the mo	15 fu	ch as cardiac	COBINATION OF PAS	Por Por	
21. SIONATURE OF FUNERAL SERVICE LIC 21. SIONATURE OF FUNERAL SERVICE LIC 22. PANY L Enter the disease, or c abook, or herry failure. I IMMEDIATE CAUSE (Final disease or condition	omplications that callet only one cause of DUE TO (OR	e My	ot enter the mo	de of dying, au	ch as cardiac	respiratory at	Porroet,	Interval Between
21. SIONATURE OF FUNERAL SERVICE LICE 21. SIONATURE OF FUNERAL SERVICE LICE 21. PART L. Enter the disease, or combod, or heart failure. I immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	omplications that callet only one cause of DUE TO (OR	AS A CONSEQUENCE OF	ot enter the mo	SEFU ide of dying, au	ch as cardiac o	WAS AN AUTOPSY PERFORMED? YES 2 \(\text{NO} \)	rcli	Interval Betwo
21. SIONATURE OF FUNERAL SERVICE LICE 21. SIONATURE OF FUNERAL SERVICE LICE 21. PART L. Enter the disease, or combod, or heart failure. It is a service from the company of	omplications that callet only one cause of DUE TO (OR DUE TO (OR decontributing to dear	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF	ot enter the mo	g cause given i	n Part I. 24a.	WAS AN AUTOPSY PERFORMED? YES 2 \(\text{NO} \)	rcli	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS
21. SIONATURE OF FUNERAL SERVICE LICE 21. SIONATURE OF FUNERAL SERVICE LICE 22. PART L. Enter the disease, or candidate the service lice of the se	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF AS A CONS	ot enter the mo	g cause given i	n Part I. 24a. 1 Diheck only one) 28 Describe	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
21. SIONATURE OF FUNERAL SERVICE LICE 21. SIONATURE OF FUNERAL SERVICE LICE 22. PART L Enter the disease, or c shock, or heart feiture. I limited licenses or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 22. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Studie S Pending Investigation Suicide Could not be determined	DUE TO (OR DUE TO	AS A CONSEQUENCE OF AS A CONS	ot enter the mo	g cause given is	n Part I. 24a. 1 Deck only one) 28d. DESCRIBITED City or Town	WAS AN AUTOPSY PERFORMED? YES 2 NO City) E HOW INJURY OC (Street and Number	24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
21. SIONATURE OF FUNERAL SERVICE LIC 21. SIONATURE OF FUNERAL SERVICE LIC 21. SIONATURE OF FUNERAL SERVICE LIC 22. PAY L. Enter the disease, or c. and the service lice of the service lic	DUE TO (OR DUE TO	AS A CONSEQUENCE OF AS A CONS	ot enter the mo	g cause given is ACE OF DEATH (Company AT Parks) Types 2 NO and place, and defeath occurred at the cause of the course of th	ch as cardiac of the	WAS AN AUTOPSY PERFORMED? YES 2 NO Street and Number In, Stete) And menner as stetlaca, and due to to	24b	Interval Betwo Onset and Da Ons

avirs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

I med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be associated to the hosp that the death certificate has been signed by the attending physician and the property of the property of the physician and the property of the physician and the physician

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Ray 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-00

DIVISION OF VITAL RECORDS, P.O. BOX 68760

		(LAND / DEPARTM CERTIFICA			REG. NO.		
1. DECEDENT'S NAME (First, Middle, La MARY		RACY			2. DATE OF DEATH MONTH 08-06-93	Y YE	3. TIME OF DEATH 9:40 P.
4. SOCIAL SECURITY NUMBER 217-22-5325	1 □ M 2/XF	81 YRS. MON	UNDER 1 YEAR NTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06-09-12	NI NI	HATHPLACE (State or Foreign Country) EW YORK
9a. FACILITY NAME (If not institution, git 417 CHAL FONTE RESIDENCE OF DECEDENT	DRIVE	96.	CATON S	VILLE	ATH	BALT	
10e. STATE 10b. COU			CATONS				10d. INSIDE CITY LIMITS? 1 YES 2 NO
4 17 CHALFONTE	DRIVE		10f.	21228			J.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2VIVNO	If yes, spe		IC ORIGIN? (Specify Yes n, Puarto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S ((Specify only highest gi Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos	N t of working	16b. KIND OF BUS		
	4	HOME MAKE	R	55465	OWN	HOME	
17. FATHER'S NAME (First, Middle, Last)	DIMOND		V- 1		ME (First, Middle, Maiden S		
JOHN L. 19a. INFORMANT'S NAME (Type/Print)	2210112	19b. MAII ING ADI	ORESS (Street at	KATHERI	INE F. SI	AULLEN	inl
MARY MARTIN (DAUGHTER)	51 GARI			CANDRIA, VI		
20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 R 4 Donation 6 Other (Specify)		10b. PLACE AND DATE OF DI	ISPOSITION /Nar	ne of	OATE 20c. LOC	ATION - City	
21. SIGNATURE OF FUNERAL SERVICE) . 1	Le .				TZKE 1	FUNERAL HOME LE, MD. 2122
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. C'AR DUE TO (OR A DUE TO (OR A DUE TO (OR A	S A CONSEQUENCE OF): D/O MY 6 S A CONSEQUENCE OF): LUL VAS S A CONSEQUENCE DF):	porty	onese by, M	yo (on pir	or I	Plancy's
that initiated events resulting in death) LAST	4						
	d	but not resulting in th				AUTOPSY MED?	24b. WERE AUTOPSY FINDIN
PART II. Other significent conditions to the significent conditions of the significent conditions of the significant condition	ditions contributing to deet	but not resulting in the	he underlying		Part I. 24s. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significent condi	ditions contributing to deet	o	he underlying 26. PL THER:	ceuse given in	Part I. 24s. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significent conditions to the significent conditions of the significent conditions of the significent conditions of the significant condition	d	suspettent 3 00A 4 0	26. PL THER: Nursing Home F 28c. INJU	Couse given in	Part I. 24s. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART II. Other significent conditions to the significent conditions of the significent conditions of the significent conditions of the significant condition	d. Itions contributing to deets HOSPITAL: 1 Inpetient 2 Cred Month, Day, Yes Jack PLACE OF INJUR building, etc. (5)	suspettent 3 00A 4 07 26b. TIME OF INJURY PRY — At home, farm, stree	26. PL THER: Nursing Home F WOF M 1 Y	Ceuse given in	Part I. 24a. WAS AN / PERFORI 1 YES 21 ock only one)	MUTOPSY MED? JIO	24b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART II. Other significent conditions are significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1	d. Itions contributing to deets HOSPITAL: 1 Inpetient 2 Cred Month, Day, Yes Jack PLACE OF INJUR building, etc. (5)	whethent 3 00A 4 01 Y 28b. TIME of NJURY NJURY At home, farm, stree	26. PL THER: Nursing Home F 28c. INJU M 1 V t, factory, office	Ceuse given in ACE OF OEATN (Che 5 Decidence TRY AT RES 2 NO and place, and due	Part I. 24a, WAS AN / PERFORI 1 YES 2' 1 YES 2' 26d only one) 6 Other (Specify) 28d. DESCRIBE HOW IN 26f. LOCATION (Street as City or Town, State)	JURY OCCURE	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART II. Other significent conditions are significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1	d	whethent 3 00A 4 01 Y 28b. TIME of NJURY NJURY At home, farm, stree	26. PL THER: Nursing Home F 28c. INJU M 1 V t, factory, office	Ceuse given in ACE OF OEATN (Che 5 Decidence TRY AT RES 2 NO and place, and due	Part I. 24a, WAS AN / PERFORI 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1	NUTOPSY MED? NURY OCCURE and Number or R her as stated.	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO



MET STORY HEREIN TOWN

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERT			REC			
1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
CAROLINE	EVA	THOMAS	5		August		993	3:50 a
4. SOCIAL SECURITY NUMBER 213-36-3678	5. SEX 1 M 2 A F	6. AGE (In yrs. lest birthde	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	Year)	Count	IPLACE (State or Foreign ry) Cyland
9a. FACTLITY NAME (If not institution, give Meridian-Multi RESIDENCE OF DECEDENT			96. CITY, TOWN	OR LOCATION OF D		9c. COL	P Mai	EATH
Maryland Bal	timore		city, town or loca Towson	ATION			4	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 21 Treeway Ct.			1	of. ZIP CODE 21286			J.S.Z	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 NO Speci	an, Puarto Rican, a		14. RACI Blac Spec Whi	•
15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12) 10 yrs		(Give kind life. Do NO	T'S USUAL OCCUPAT of work done during in T use retired.)	TION nost of working		of Business/in		
17. FATHER'S NAME (First, Middle, Last) Lawrence		Dietz		18. MOTHER'S N.	AME (First, Middle, I	Maiden Surname)	7	Puonka
19a. INFORMANT'S NAME (Type/Print)			ING ADDRESS (Or			- Y		Ruepka
Joan C. Thomas		Treeway				p Code)		
20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	cemetery, crematory	TEOF DISPOSITION (Por other place) y Valley		1	Tri mondi		
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	111	22. NAME /	AND ADDRESS OF F	ACILITY			
23. PART i. Enter the diseases, or shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death)	. List only one ce	use on each line.	o not enter the m	O York R	d. Towso	on, Md.	2120	Approximata interval Betw
shock, or heert failure immediate CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intileted events	s	o (OR AS A CONSEQUENCE	105 o not enter the m	O York R	d. Towso	on, Md.	2120	Approximata interval Betw
shock, or heert failure immediates or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s	O (OR AS A CONSEQUENCE	105 o not enter the m continue corp:	O York R	d. Towscoch as cerdiac or	on, Md.	212(Teet,	Approximate interval Betwoonset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
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shock, or heert failure immediate CAUSE (Fine) disease or condition resulting in death) Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Investigation 2 Accident 3 Suicide 6 Could not b 4 Homicide 6 Could not b 4 Homicide 1 Certifying Phy (Check only)	B. DUE TO b. DUE TO c. DUE TO d. DIS CONTRIBUTING TO MOSPITAL: 1 Inpetiant 2 28a. DATE OI (Month, (1) 28a. PLACE is building SICIAN: To the beat of other incomes and the contributions of the contributions o	DO (OR AS A CONSEQUENCE OF CONSEQUEN	105 o not enter the m continue of the m continue	O York R rode of dying, autority and autority au	d. TOWSC ch as cerdiac or ch as cerdiac	On , Md. reapiratory are reapiratory are reapiratory are nas an autopsy enronmed? YES 2 NO (Street and Numbe (s, Stete) (Street and Numbe (s, Stete)	212(Trest, 24b CCURED or or Rural in the cause(in the	Approximata interval Betw Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burne be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

per 1, 2, 3 should

Constitution of the feetings of the constitution of the constituti

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i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use at the fundament permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as we burner turner permit. Pages 1, 2, 3 should
er death. Page 6 may be retained by the hospital or attention invasions.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attended in the hospital or attended to the hospital or attend
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	

	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF HEALT		MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	WEAR	3. TIME OF DEATH			
	JAMAL	S.		TAYLOR		08 09	9 3	1.50 AM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		UNDER I YEAR IF UN	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Ybar)	8. BIRT	HPLACE (State or Foreign			
	212-96-1465	1 X M 2 □ F 15 16	YRS,	MINS DAYS HOUR	S WHY.	3-17-1978	3 C				
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
5	SHOCK TRAUMA C	ENTER	B	ALTIMORE	?						
EC	10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY			
5	Md		Ba	ltimore				1 X YES 2 NO			
₹ 	100. STREET AND NUMBER			10f. ZIP CO				WHAT COUNTRY?			
BY FUNERAL DIRECTOR	1905 N. Forest P				21207		USI				
5	11. MARITAL STATUS 1 XXNever Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		If yes, specify Cu	ban, Mexica	IC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	r No— 14. RAC Bla	CE — American Indian, ck, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 🗆 YES 2 📉	O Specify		specify: Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		DECEDENT'S US	UAL OCCUPATION of wo	-1-1	16b. KIND OF BUSIN	ESS/INDUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Stude	etired.)	nung						
MP			Jude								
	17. FATHER'S NAME (First, Middle, Lest)			16. M		ME (First, Middle, Maiden Sc					
BE	Donald Tay	lor				elle Coles					
2	Rachelle D. Cole	20		N. Forst		Number, City or Town,		Md 21207			
	20s. METHOD OF DISPOSITION	20h Pl 40		DISPOSITION (Name of	Fark		TION - City or	e, Md 21207			
	1 Donation 5 Other (Specify)	cometent	TTTT' MET	orial Par	k	81393 Ran					
	21. SIGNAPURE OF FUNERAL SERVICE ACENSEE 22. NAME AND ADDRESS OF FACILITY										
	+ trone +	· Himposon	1 Je								
	23. PART LEnter the diseases, or	complications that caused the	death. Do not	enter the mode of	Walls dying, suci	ash Avenue	tory srrest,	Approximata			
		List only one cause on such !	ine.	Λ 1		. ^		Interval Between Onset and Daath			
	immediate cause (Fine) disease or condition resulting in death) a. Typhest wound to Head										
	resolving in country	DUE TO (OR AS A CON	SEQUENCE OF):								
Z	Sequentially list conditions b.										
ATA	Sequentially list conditions, if any, isading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
F	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST	4									
	DADT II Other circuitionst condition	no contribution to doubt but a									
SAL	PART ii. Other significant condition	is contributing to death but no	ot resulting in 1	tha underlying caus	e given in	PERFORM	ED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED						YES 2	NO	OF DEATH?			
2						_		YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	F DEATH (Chi	ack only one)					
SIC	EXAMINER?	HOSPITAL: 1 inpetient 2 G/ER/Outpetient		THER: Nursing Home 5	47						
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME C	F 28c INJURY AT		28d. OESCRIBE HOW IN.	URY OCCURED				
ВУР	1 Netural 5 Pending 2 Accident investigation	8 / 8 / 9 3 Year)	10:1	4MP 1 □ YES	XXNo	SUBJECT	WAS SH	OT			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	26f. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,						
	4 Homicide determined		HOME			DARK AVE					
7	29s. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge,	death occurred	et the time, data and pla	ece, and due	to the cause(a) and mann	er as stated.	10112/1151			
COMPLETED	MEOICAL EXAMINI	ER: On the basis of examination and	or investigation,	in my opinion, death oc	cured at the	time, data and place, and	due to the cause	(a) and manner as stated.			
BE	296. SIGNESTURN AND TITLE OF CERTIFIE	A D KA	1	29c. L	JCENSE NUN	MBER	29d. DATE SIGNE	ED (Month, Day, Year)			
6	Jano	well	4		0.C.1	M.E.	08/	10/1993			
	AND ADDRESS OF PERSON WE	1			y						
1	31. DATE FILED (Month, Day, Year)	12. REDISTRAR'S SIGNATUR		Street,	Bal.	timore, M	arylan	d 21201			
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	70047 7 347	July Marie 10									

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the state of the s	pleas filled in by the funeral director, page 5 should be detached for use as the funeral transit permit. Pages 1, 2, 3 should	
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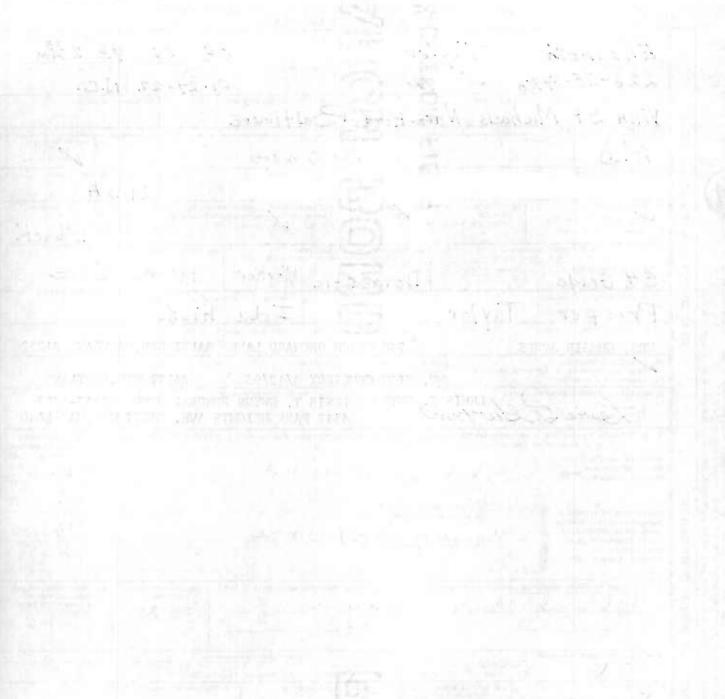
BALTIMORE, MARYLAND 21215-0620

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	be notified at once.	
aron, or removal.	the medical examiner must	
to college, prom	matic event,	

	REGISTRAR	CERTI	RTMENT OF HEALTH AND I FICATE OF DEATH	REG. NO.						
	JOHN BUIL	ock			3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. S	BEX 8. AGE (In yrs. last birthday			BIRTHPLACE (State or Forei Country)					
	7	M 2 □ F 52 YRS.	MONTHS DAYS HOURS MIN.	02-22-41	N.C					
R	CHURCH HO!	SOI+AI	BALTIMORE	1	Y OF DEATH					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOCATION		10d. INSIDE CITY					
	Md		alto		LIMITS?					
FUNERAL	2821 Ashland	Mul	10f. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?					
UNE	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAN		I. RACE — American Indian, Black, White, stc.					
BY F		IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexical 1 YES 2 NO Specify		Specify: RIG W					
PLE	Elementary/Secondary (0-12) Co	Hege (1-4 or 5+)	use retired.)							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Malden Surname)						
BE (Alfred Bulloc		Franc	is yancey						
2	Shinley Bullock	19b. MAILIN	IG ADDRESS (Street end Number or Rural II)	Poute Number, City or Town, State, Zip Co	ud 2120					
	20g METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal (20b. PLACE AND DATE complete, crematory or	EOF DISPOSITION (Name of	DATE 20c. LOCATION - CH						
	4 ☐ Donation 8 ☐ Other (Specify)	- Hishle		19/14/93 Henders	n, N.C.					
	by lead ,	20.00	March F.	H. West	11. 0					
	23. PART I. Enter the diseases, or comp	licetions that caused the death. Do	not anter the mode of dying, auc	h as cardiac or respiratory arres	t, Approximat					
	ahock, or heart failure. List	S.			Interval Bat Onset and					
	disease or condition resulting in death) a	DUE TO (OR AS A CONSEQUENCE	On-		lut					
z		Lu & Faile	c{		1411					
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE	OF):							
E	resulting in death) LAST									
닐	PART II. Other algnificant conditions co	ntributing to death but not reaulting	In the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINI AWAILABLE PRIOR TO					
MEDIC				1 - YES 2 NO	COMPLETION OF CA					
¥					1 TYES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DEATH (Chi	ack only one)						
HYSI		Inpetient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY 28b. Ti	4 Nursing Home 5 Residence		DED.					
BY PI	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	TEU					
- 4	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm building, etc. (Specify)	, street, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,					
LETI										
COMPLETED	(Check only CERTIFTING PHYSICIAN:	To the best of my promising, death occu the basis of axamination and/or investiga								
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1 1	29c. LICENSE NUM		SIGNED (Month, Day, Year)					
	man	" In	039	887 > 8	19/93					
2 1	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM)27) (7)		1 1 1 1	1					
5	macc la-	Schoons	129 8111/1/11/11	IGI PALLANA	100 21231					
TC	31. DMÉTREO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Dr Zmfalls L	Tal Balfinor	mD 21236					

	1. DECEDENT'S NAME (First, Middle, Last)	Taylor				2. DATE OF DEATH MONTH	8 9	3. TIME OF 1				
	4. SOCIAL SECURITY NUMBER 226-284704	5. SEX 6. AGE (In yrs. Is		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Q1 - 27 -	22 1	BIRTHPLACE (State Country)				
E .	9a. FACILITY NAME (If not institution, give stre	haels Nurs.	9 0	CITY, TOWN	OR LOCATION OF D	EATH		Y OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1003 10013	10c CITY TO	WN OR LOCA	TION	6		10d. INSIDE				
	10s. STREET AND NIJSANED		1 2		more on zip code		10a CITIZE	1 VES 2				
FUNERAL	611 LINNARD ST	REET	LINE		21229		US	S A				
8	11. MARITAL STATUS 1 Prover Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 1 YES 2 1 1 IF YES, GIVE WAR OR DATES		If yea, a	CENDENT OF HISPA pecify Cuban, Maxic 8 2 140 Speci	NIC ORIGIN? (Specify Y an, Puarto Ricen, etc.) fy:	na or No- 14	I. RACE — American Black, While, alc.				
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (ECEDENT'S USU Give kind of work to. Do NOT use ret	done during m	ost of working	16b. KIND OF B						
COMPL	5th Grade	D	omes	stic	Worker			Care				
111	17. FATHER'S NAME (First, Middle, Last) Prosper	Taylor	67		IS. MOTHER'S N.	AME (First, Middle, Malde	Surname)					
TO B	19a. INFORMANT'S NAME (Type/Print)	1				Route Number, City or To						
2	MRS. GUSSIE JONES 20e, METHOD OF DISPOSITION 1 F Burlal 2 Cremation 3 G Remov	20b. PLACE	E AND DATE OF DI	SPOSITION (N	CHARD LA	DATE 20c. L		RYLAND 21 y or Town, Stata				
THE THE PERSON NAMED IN COLUMN 1	4 Donation 6 Dotter (Specify) MT. ZION CEMETERY 8/12/93 BALTIMORE, MAR											
examine	LEWIS T. GWYNN LEWIS T. GWYNN FUNERAL HOME 21215-04517 PARK HEIGHTS AVE. BALTIMORE, MAI											
N me moutain	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cerebra Vo	Sulas				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t, Approintervi				
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):	y P	(yeare			y.				
: MEDICAL CE	PART II. Other significent conditions	contributing to death but not	resulting in the	ne underlyin	ng cause given ir		N AUTOPSY ORMED?	24b. WERE AUTOPH AMALABLE PF COMPLETION OF DEATH? 1 YES 2				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	les		LACE OF DEATH (C	heck only one)						
HYSI		26a. DATE OF INJURY	3 DOA 4	28c. IN	me 5 🗆 Rasidenca	6 ☐ Other (Specify) 28d. DESCRIBE HOW	IN III BA OCCIN	DED.				
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆	ORK? YES 2 NO	800, 8 240,	1100					
- 1 111	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — At h building, atc. (Specify)	nome, farm, street	t, factory, offic	ce	261. LOCATION (Stree City or Town, State	t and Number or e)	Rural Route Number,				
TED		AN: To the best of my knowledge, o										
ETED		On the basis of exemination and/or	e Immetination In	my aninina	death occured at the	e time, data and place,	end due to the o	cause(a) and menner				
TED	20b. SIGNATURE AND TITLE OF CENTIFIER	or the sale of examination endo	· investigation, in	my opinion,	29c, LICENSE NU			BIGNED (Month, Day,				



ng physician. the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MENTALL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the health within 72 hours after death with the State Dect, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE MENTION. DR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dect, of Health and Mental Hydiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any Inju

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		- CE	THIL	ICALL	UF	DEA	I I	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH A			THOMAS				2. DATE OF DEATH ON 10 93 1.0:55 PM					
	4. SOCIAL SECURITY NUMBER	5. SEX				IDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State of							
	219-30-9572	1 ∰ M 2 ☐ F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month. Day.	Year)	34	Country)	GINIA
	9a. FACILITY NAME (If not institution, give	50		96. CITY, TOWN OR LOCATION OF GEATH									
Œ			COOT AME	017					AIH			NTY OF DEATH	
5	NORTH ARUNDEL HO	UN	G	JEN	BURN	TE			P	A.A. C	JUNII		
<u> </u>	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN (R LOCAT	ION					10d	. INSIDE CITY
5	MARYLAND AND	NE ARUNI	DEL		GLE	IN E	URN	IE				1 [LIMITS?
7	10e. STREET AND NUMBER					10	ZIP COD	E			10g. CITI	ZEN OF WHAT	COUNTRY?
ER	8037 BOSLEY CO	OURT					21	061			U.	.S.A.	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Spe	city Yes o	No-	14. RACE A	American Indian, ita, atc.
ВУ	t Never Married 2 Married	IF YES, GIVE W	YES 27	10			2 XNO		n, Puerto Rican, o	etc.)			
	3 Wildowed 4 Divorced						Tr.					BLA	CK
	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a, DE	CEDENT'S	USUAL O work done se retired.)	CCUPATIO	ON st of working	767	16b, KIND	OF BUSIN	IESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+	-)						TTOD	CD T	ו כו כו כ	DINIC	
A P	12	0	HC	KSE	TRA	TIME	iK		HOR	DE 1	3KEI	EDING	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	OMAC							ME (First, Middle,				
BE	GEORGE P. TH	UMAS							NTINE				
2	19a. INFORMANT'S NAME (Type/Print)	~ ***							Route Number, City				
	JOANNA A. FAU	LKNER						URT.	-GLEN				
	20a. METHOD OF DISPOSITION 1 Structure 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	20b. PLACE A			SITION (NE	me of		1			City or Town,	
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LA		MÖUN	T Z			ID ADDRE		8/14	LAN:	SDO	WNE, M	D
	21. SIGNATORE OF FOREIGE BETTICE BY	1	//						INK FU	MER	ΔT. 1	HOME	21061
	Held.	XV	(/-		42	26 (CRAI	N H	WY.S.W	.GL	EN I	BURNI	E, MD.
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that	caused the de	ath. Do	not enter	the mo	de of dy	ing, suci	h aa cerdiec D	r reepira	tory arr	eat,	Approximate
	IMMEDIATE CAUSE (Finel	List Olly one cap	e on each line				4						Interval Between Onset end Peath
	disease or condition => a. Desiminated intravascular Coaquelo Da Ry 82 hi											82.41-	
	DUE TO (OR AS A CONSEQUENCE OF):											11	
Z	Kidney Forlune, Acute - 1824											8241-	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):									4-1.			
2	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								न कन्नी	3 -	•		8261
E										1 > 1			
5		d. COMP	ul c	المحدو	W.	190	we	031	Cen Ch C	_			2 20071
	PART il. Other eignificent condition	eeuiting	in the underlying ceuse given in Part I. 24a. WAS						NE AUTOPSY FINDINGS				
EDICAL	Live Alcol	edic 1	h peose	-		PERFO				.0	CON	LABLE PRIOR TO IPLETION OF CAUSE	
	Doutestic inter Philips Ces									DEATH?			
. M	7-544									N/A			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF D	EATH (Ch	ack only one)			1	
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nur		e 5 □ Re	esidence	€ ☐ Other (Spec	olfy)		300	
Ť	27. MANNER OF DEATH	28s. OATE OF		28b. TIN		28c. INJ			28d. DESCRIBE	HOW INJ	URY OCC	CURED	
BY	Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO												
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)									or Rural Route	Number,		
	4 Homicide determined									,,			
7	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occurr	red at the t	lme, date	and place	, and dua	to the cause(a) a	and menne	or an stat	ed.	
COMPLETED	one) 2 MEDICAL EXAMIN												I menner as stated.
	296. SIGNATURE AND TITLE OF CERTAGE	a .					29c. LIC	ENSE NUR	ABER .		29d. DAT	E SIGNED (Mor	nt與 Day, Year)
BE		Bal.	-				10.	268	39		>	8/11	93-
2	30. NAME AND ADDRESS OF PERSON WI								- T			-	113
/	DR.NABIL BADRO/	1600 CRAI	N HIGHWA	AY SW	I/GLE	N BU	JRNIE	, MD	.21061				
	AUG 1 2 1993	32. REGISTRA	R'S SIGNATURE										
1 1	HOU T & 1333	Junior	Market Stonley										
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Ε.		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI CERTIFICA			MENTAL HYGIEI		20401
			Taylor, Sr.					DAY YEA	
biu	1	4. SOCIAL SECURITY NUMBER 2/2-/2-0345 90. FACILITY NAME (If not institution, give	1,⊠M 2 □ F 7.	3 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH AUG. 3, 19	20 NO	ORTH CAROLINA
1, 2, 3 should	TOR	VETERANS ADMINIST				LOCATION OF DE		9c. COUNTY (OF DEATH
nit. Pages	DIRECTOR	MARYLAND 106. COUNT	Y	10c. CITY, TO	BALTIN				10d. INSIDE CITY LIMITS? 1X YES 2 NO
ian.	WERAL	1100 PENNSYLVANI			2	21201		U.S.	OF A.
215-0020 attending physician se as	BYFU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D. WW II 9/7/42	2 NO	If yes, spec	NDENT OF HISPAN Hy Cuban, Mexica NO Specify	NC ORIGIN? (Specify Vin, Puerto Rican, etc.)	- 9	RACE — American Indian, Black, White, etc. Specify: BLACK
21 21 21 21 21	LETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12)	College (1-4 or 5+) 4 YEARS	16a. DECEDENT'S USUA (Give kind of work di life. Do NOT use retin	one during most ed.)	of working	16b. KIND OF BI	USINESS/INDUSTR	WY.
MARYLAND 2 retained by the hospital 5 should be detached it notified at once.	COMPL	12 th 17. FATHER'S NAME (First, Middle, Last) IRA TAYLO		UNKNO	YIN	16. MOTHER'S NA UNKNO	ME (First, Middle, Meide WN	n Surname)	
, MAR be retained be retained be should be notified	TO BE	19a. INFORMANT'S NAME (Type/Print) MRS. GENEVIEVE TA	2000-	196. MAILING ADDI 3915 CAL	AESS (Street and	Number or Rural F	APT. 304	NTI, State, Zip Code BALTIM	ÖRE,MD. 21215
MORE, ige 6 may be director, page		20a. METHOD OF DISPOSITION 1	GX	PLACE AND DATE OF DIS	EST VE	г. сем.	8/16/93	OWINGS	or Town, State BALTO MILLS, MD. CO.
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LI	Levyn		LEWIS	PARK HEI	N FUNERAL GHTS AVE.	BALT	21215-6393 IMORE,MARYLAN
the filled in the filled in the rest of the median, or rest of the median the		IMMEDIATE CAUSE (Final	a. DUE TO OR AS A	ach line.	nter the mod	e of dying, such	n as cardiac or resp	piratory arrest,	Appreximata Interval Between Onset and Death
P.O. BOX 68: rth certificate be execute tending physician and ci al Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Cardial	CONSEQUENCE OF):	me to be	oln acid	0)1)		
RECORDS requires that the dopen signed by the of Health and Meishows any Injur	MEDICAL	PART II. Other significent condition I D D m Perpheral vascular 1		ut not resulting in the	underlying	ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
I OF VITAL I PHYSICIAN: The law this certificate has bi with the State Dept. rked, or item 23 i	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		IER:	CE OF DEATH (Che	ck only one) 6 Other (Specify)		
PHYSICI this cer with th	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUI WOR	RY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
ら にびたる		3 Suicide 4 Homicide 6 Could not be determined	building, etc. (Spec				261. LOCATION (Street City or Town, State)	iral Route Number,
DIVI TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT De filed within 72 hours a IMPORTANT: If item 2	COMPLETED	(Check only 1 29 CERTIFYING PHYS	ICIAN: To the bast of my knowler: On the basis of examination						se(s) and manner as stated.
TO THE POPUL	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE A. A. NAME AND ADDRESS OF PERSON WITH	D.	ATH (ITEM 27) (Type, Print)		706/G	BER	N a 1	NED (Month, Day, Year)
	5	31. DATE FILED (Month, Day, Year) AUG 1 2 1993	32. REGISTRAR'S SIGN.						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within stricting after death. Page 6 may be retained by the hospital or attending physical
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF		MENTAL HYGIE		20402			
	1. DECEDENT'S NAME (First, Middle, Last) MARGA	MARGARET	Vic		CTOR		7-30- 30	9.3 3. TIME OF DEATH 4 13 5:16 M			
		6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. SIRTHPLACE (State or Foreign Country)			
	2 1 7 0 5 7 1 3 7	M 2 K 82	YRS.	Oh CITY TOWN	OR LOCATION OF D	7-7-11	7	Maryland			
NC.	SAINT DOODL	+ 140 COT-	TAI	TI	ON LOCATION OF D	J	BA.	LTTMORE			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1903PD)	1760	10	(N 2 6)	7	1014				
DIRECTOR		more Co		TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
		N. Charles	St.	wson	f. ZIP CODE		10g. CITIZ	1 TYES 2 NO EN OF WHAT COUNTRY?			
FUNERAL	Manor Care Rux				21204	1		USA			
FU	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2				NIC ORIGIN? (Specify Year, Puerlo Rican, etc.)	es or No-	14. RACE — American Indian, Black, White, etc.			
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Speci		- 1	Specify: White			
ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON 16a.	DECEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF B	USINESS/INDU				
LET		College (1-4 or 5+)	lile. Do NOT use	ork done during m retired.)	ost of working						
COMPLETED	CT FATHERING MEANS (F) - A MARKET A CO										
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)				
TO BE	19a. INFORMANT'S NAME (Types/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	20s. METHOD OF DISPOSITION 1	if from State cametery	crematory or oth	DISPOSITION (N er place)	ame of	DATE 20c. U	OCATION C	Ity or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Ronald Wad		γ 22. NAME A	ND ADDRESS OF FA	ACIUTY Stat	e Ana	tomy Board			
	Franke 111	Thee.	,			noreSt, Ba		_			
9	23. PART I. Enter tha diseases, or com	aplications that caused the	death. Do no	ot anter the me	oda of dving, suc	ch as cardiac or rea	niratnry arre	at, Approximate			
	ahock, or heart failure. Lis	t only one cause on each I	Ine.	•				Intarval Between Onset and Death			
	disease or condition reaulting in death)	MULTI-1	NFA	lcT	4	Sheat and Saan					
2		PANVINI	CAA)	15	Dis	SEASE					
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF):	<u> </u>	21211	30730	- 50				
2	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	that initiated events resulting in death) LAST	DOE TO TON AS A CON	/ OII)	TR	EX	TDEM	ITIE	=5			
S	DART II Other classificant conditions of		<u> </u>			7.00. 1					
SAL	PART II. Other algnificant conditions c	ontributing to death but no	ot resulting in	tha underlyin	g cause given in	Part I. 24s. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICA						1 TYES	2 NO	OF DEATH?			
¥ ::						_		1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (CI	heck only one)					
YSIC		OSPITAL: Inpetient 2 ER/Outpetlent		OTHER: United Horizontal Horizon	ne 5 🗆 Rasidence	6 Other (Specify)					
H	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	ORK?	28d. DESCRIBE HOW	INJURY OCCU	JRED			
B₹	2 Accident Investigation	28 a DI ACE OF IN HURY AL	hama lam at		YES 2 NO						
COMPLETED	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, larm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number of Rural Route Number o										
PLE	29a. CERTIFIER 1 CERTIFYINO PHYSICIAL	N: To the best of my knowledge,	death occurred	at the time, date	and place, and due	e to the cause(a) and m	enner as state	d.			
WO.		On the beals of examination and/									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mo			29c. LICENSE NU	MBER 5001	29d. DATE	SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAOSE OF DEATH (I	TEM 27) (Type, F	Print)	11 11	2010		30.75			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	· · · · · · · · · · · · · · · · · · ·	OSEP	H Ha	SPITH.	- 10	owson, My			
	AUG 12 1993	in amount fandal						21204			

1 - FOR STATE REGISTRAR

#s 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the furnal be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumattic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICA	ATE OF DEATI	H R	IEG. NO.					
1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF		3. TIME OF DEATH				
STEPHEN	R	WOO	D, Sr.	08тн	10 9	73" 03:15 PM				
4. SOCIAL SECURITY NUMBER 218–12–9999	5. SEX 1 M 2 F 79		In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. MONTHS DAYS HOURS MIN.			BIRTHPLACE (State or Foreign Country) Maryland				
	96. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH									
RESIDENCE OF DECEDENT										
	Arundel		Burnie			10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
100. STREET AND NUMBER 1206 Nottingham 11. MARITAL STATUS	Drive		10f. ZIP CODE 21061			en of what country? ced States				
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	Mexican, Puerlo Ricar	pecify Yes or No— 1 n, etc.)	res or No- 14. RACE — American Indian, Black, White, etc. Specify: White				
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIN	ID OF BUSINESS/INDU	STRY				
15. DECEDENT'S EDI (Specify only highest gred Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Strophon D. Mood	College (1-4 or 5+)	Painter	red.)	Sta	ate Govern	ment				
17. FATHER'S NAME (First, Middle, Last) Stephen R. Wood				etie (M.N.						
196. INFORMANT'S NAME (Type/Print) Ethel H. Wood		19b. MAILING ADD 1206 No	ttingham Dr	Oty or Town, State, Zip C Burnie, MD	21061					
20e METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	noval from State	ob. PLACE AND DATE OF DI ery, cremetory or other p	SPOSITION (Name of		LOCATION - City or Town, State Glen Burnie, Maryland					
21. SIGNATURE OF PUNEMAL BETWICK L		2	22. NAME AND ADDRESS Kirkley-Ruc	ddick Fun	eral Home	rnie, MD 21061				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algnificent condition	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 1									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEA	ATH (Check only one)						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/O	utpatient 3 DOA 4	Nursing Home 5 - Resi	_	secify) BE HOW INJURY OCCU	IDEA				
1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year		M 1 YES 2		BE HOW INJURY OCCU	HED				
0.0114	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									
(Sings)	SICIAN: To the best of my kn					i, ceuse(e) end manner as stated.				
				SE NUMBER		SIGNED (Month, Day, Year)				
pelity	my		01.	E J C	> S	110/2				
30. NAME AND ADDRESS OF PERSON W ROBERT B. KROO	PNICK, M.D.	DEATH (ITEM 27) (Type, Print 95 AQUAHAR	r)		MARYLAND 2	21061				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1 - STATE REGISTRAR	STATE OF N	/ARYLAND / CE				DEAT		MENTA		E		
	1. DECEDENT'S NAME (First, Middle, Last	1)			IUA.	<u> </u>	DLA.	n	2. DATE	REG. NO.			3. TIME OF DEATH
	_Michael	Tee	Waldy	ro.ma	D				MONT 3 ()	H D		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last			R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	1404 M
	219-60-7999	1 ‰ M 2 ☐ F	47	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give	street and number)	-41		9b. CIT	Y, TOWN C	OR LOCATIO	ON OF OR	Jan	7, 19	9c. COUN		land
S S	Francis Scott	Key Med	Cente	r	B	-1+·	imor	_				1	
DIRECTOR	RESIDENCE OF DECEDENT		· cente			C		E					
E	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland Ceci	1		Ch	arle	stop							1 TYES 2 NO
RA	V2.541100230 1002 1102 1102 1102			10f. ZIP CODE				10g. CITIZEN OF WHA			HAT COUNTRY?		
FUNERAL	15 Kline Road 11. MARITAL STATUS	10 1400 0505050	T EVER IN U.S. ARM			_	1914		U. S. A				
	1 Never Married 2 Married	FORCES? 1	YES 2 NO			If yes, sp	ecify Cubar	n, Mexica	n, Puerto	17 (Specify Yes Rican, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 K NO	Specify	<i>r</i> :			Specify	
G	15, DECEDENT'S ED (Specify only highest grad	UCATION	16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON		16b	. KIND OF BUS	INESS/INDU	STRY	White
Ē	Elementary/Secondary (0-12)	College (1-4 or 5 +	Ma	Do NOT us	work done se retired.)	during mo	st of working	g					
<u>A</u>		2	Tec	hnic	ian				G	as and	Elec	tri	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA		Middle, Maiden			
8	Donald Lee Wa	ldvogel					Re	gina	Co	nniff			
2	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AODRES	S (Street a	nd Number	or Rural F	Route Numi	ber, City or Town	, State, Zip (Code)	
	Kathryn Waldvo	gel	1	5 KI	ine	Road	Cer	il (Count	t.v. Mai	cvlan	d 21	914
	20a. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Res	moval from State	20b. PLACE AI cemetery, crem		there also al				OAT		CATION — C		
	4 Donation 5 Other (Specify)	POEMBER -	Green	Mour	nt C	cemai	toriu	um 8,	12/9	93 Bal	timor	e. M	arvland
	/ h / E		. /							al Home	DA DA		
	Jan (more	ful		17/	407 1	Easte	מיינ	Arren	Te	PAY	Marro	land 21221
1	23. SART I. Enter the diseases, or shock, or heart fellure	Complications that	caused the dee	th. Do r	ot enter	the mo	de of dyle	ng, suci	h es cerc	liec or respi	ratory srre	st,	Approximate
	IMMEDIATE CAUSE (Final	/ .	, 5				_						interval Between Onset and Death
	disease or condition a Multiple Steb Wounds												
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions,	OR AS A CONSECU	HENCE OF	n.									
YAT	if any, leading to immediate cause. Enter UNDERLYING			ornor of	,.								
Ħ	CAUSE (Diseese or injury that initiated events	c. OUE TO	OR AS A CONSECU	UENCE OF	j:								
F	resulting in death) LAST	d.											
	PART II. Other significent condition	ne contribution to	doeth hut not an	ar delma d	- Ab								
CAL	TAIT II. Ottor agrinount conditio	tia contributing to	death but not re	auring i	n the ur	nderlying	g ceuse g	iven in	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
									-	PELYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Σ				_					_				TYES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL												
S	EXAMINER?	HOSPITAL:	Z-200 - 11 - 25		OTHER	R:	ACE OF OE						
¥	27. MANNER OF OEATH	28a. DATE OF	INJURY	28b. TIM	-	aing Home	BY AT	idence		r (Specify) CRIBE HOW IN	HIEW OOOL	(DEO	
	1 Netural 5 Pending	(Month, De	1993	INJ	URY	1 Y	RK?	NO	.11.00				
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY At hom	1 2	46 ^m I			X		DJECT ATION (Street a			uta Number
	1 nomicide determined	building,	etc.(Specify) _street						City	or Town, State)			
٦	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of		th occurre	ed at the t	Ima data	and place			blk.	мал	ver	n Avenue
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	ER: On the basis of ex	amination and/or in	veatigatio	n, in my c	pinion, de	end prace,	d at the	to the cau	and place, and	ner as stated	I. councial	and manner as stated
	296. SIGNATURE AND TITLE OF CERTIFIE			7.5	10.1		29c, LICE			T Place; and			
8	Therefor 10-	1	110										Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITEM	27) (Tvoe	Print)		0.C	• M • F	٠.		- 08	08	1993
	THEODOREM.	RING				Stro	- t	P-1	1+4~	ore	M	1	3 21201
	31. DATE FILED (Month, Day, Year) AUG 1 2 1993	32. REGISTRA	T I L	re.	1111 2	o LT.E	et,	Dd.	r C TIII	ore,	mary	⊥an	d 21201
	AUG 1 2 1993	guha Du	R'S SIGNATURE										

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•	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERT	IFICATE	OF DEAT	Н	REC	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	01					2. DATE OF DE			3. TIME OF DEATH
JOHN H	AVMAN		WATSON			Q8 MONTH	100	93 PEAR	6:28 PM
4. SOCIAL SECURITY NUMBER	5. SEX	AGE (In yrs. last birthe				7. DATE OF BIR	тн	8. BIRTI	IPLACE (State or Foreign
577-48-7157	1 XM 2 F	57 YF	IS. MONTHS	DAYS HOURS	MIN.	(Month, Day, 1	1936	WASH	HINGTON, DC
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY,	TOWN OR LOCATIO	N OF DE	EATH	_	DUNTY OF C	
NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COL									COUNTY
10a. STATE 10b. COUNT	Υ	10c.	CITY, TOWH OF	LOCATION				- 11 -	10d. INSIDE CITY
MARYLAND ANNE	ARUNDEL	P	ASADENA	A				100	LIMITS?
10e. STREET AND NUMBER		10f. ZIP CODE				10g. CITIZE			WHAT COUNTRY?
688 WEST SHORE	ROAD			2112	2.	U.S.A			
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED		AS DECENDENT OF	HISPAI	NIC ORIGIN? (Specify Yea or No.— 14. R			E — American Indian,
1 Never Married 2 Married 3 Wildowed 4 X Divorced	IF YES, GIVE WA	YES 2 XNO		yes, specify Cuban. YES 2 X NO			rtc.)	Spec	k, White, etc.
15. DECEDENT'S EDU			NT'S USUAL OC			18b. KIND	OF BUSINESS/I	NDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kin	d of work done do OT use retired.)	iring most of working					
10	NONE	SEC	URITY	GUARD		BC	OWIE RA	CE TE	RACK
17. FATHER'S NAME (First, Middle, Last)				and the state of t	ER'S NA	ME (First, Middle, I			
JOHN H. WATSON				RI	ЕДТІ	RICE		PEASE	
19a, INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRESS	(Street and Number of			or Town, State,		
DENISE L. RATLII	FF	/12	57 OCEA	AN PINES	1	BERLIN.	MD 21	811	
20a METHOD OF DISPOSITION 1 Å Buriel 2 Cremation 3 Ram		20b. PLACE AND D					Oc. LOCATION		wn. State
1 \(\) Buriel 2 \(\) Cremation 3 \(\) Ren 4 \(\) Donation 5 \(\) Other (Specify)	noval from State	CLEN HA	VFN MFI	MORTAL P	ΔRK	8-13	CLEN F	TIDNIT	MD 2106
4 Donation 5 Dother (Specify) GLEN HAVEN MEMORIAL PARK 8-13 GLEN BURNIE, MD 21060									
· ////	SINGLETON FUNERAL HOME								
DUE TO (OR AS A CONSEQUENCE OF): NOS accomical or as piration type Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant condition			A	_	ven In	Part i. 24a. V	MAS AN AUTOPS	Y 246	WERE AUTOPSY FINDIN
CHE Annual Handson 1 YES 2 NO ON							COMPLETION OF CAUSE OF DEATH?		
Afrial tochyan hythmias									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DO	OTHER						
27. MANNER OF DEATH	28a. DATE OF II			ng Home 5 Res	idence	6 Li Other (Speci 28d. DESCRIBE		CCIPED	
1 Natural 5 Pending	(Month, Day		INJURY	WORK?	NO	Sou. DEGONIBE		JOUNED	
2 Accident Investigation 3 Suicide 6 Could not be determined determined 4 Hornicide determined									
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS CONE) 2 MEDICAL EXAMIN					d at the	Hime, date and pl	aca, and dua to	the cause(a) and manner as stated (Month, Day, Year)
Myselo	tollyon			000		0524	P	8/11	93
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	7575 RITC	(Type, Print) HIE HIC			-	IE, MD	2106	1
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE					100		
AUG 1 2 1993	Julie David	son-fandell							

med in by the funeral director, page 5 should be detached for use as the burial-transform or removal. ours after death. Page 6 may be retained by the hospital or attending physicians. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we have a first death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, criminal, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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BE 2 2 Accident 3 Suicide

4 Homicide

Investigation

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ined by the hospit hould be detached	flied at once.
Page 6 may be reta director, page 5 si	er must be not
hours after death, I ed in by the funeral or removal.	medical examin
ecuted within 24 and completely fill bundl, cremation,	natic event, the
ath certificate be ettending physician tal Hygiene prior to	, or other traun
equires that the de en signed by the a of Health and Men	hows any Injury
YSICIAN: The law r s certificate has be th the State Dept.	ed, or item 23 s
OR ATTENDING PHINE INITIAL STREET THE STREET	em 28 is marke
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention that attenting physician and completely filled in by the funeral director, page 5 should be detached for the confidence of the fact that and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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1 - FOR STATE REGISTRAR 93 23466 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JAMES ANDERSON 8 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign nth, Day, Year) 2-23-27 DAYS HOURS 1 X M 2 | F YRS. 66 212-38-8025 Md 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1008 EVESHAM AVENUE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto 1XXYES 2 NO 100. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21212 1008 Evesham AVA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 7 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Never Married 2 Married

Widowed 4 Divorced If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Eva Bridgett Anderson James w. Anderson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ave Balto, Md 21212 1008 Evesham Jane Anderson 20a. METHOD OF DISPOSITION
10 Buriel 2 Cremation 3 Removal from State
4 Donation Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Dulaney Valley /14/93 TIMONTUM, MA 21. BIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./4300 WABASH AVENUE romo 23. PART | Enser the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Final **Onset and Death** disesse or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) hronic as best as CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my		
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Peter Shara MD Physician	B50620888E	1 8/12/93.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		
Peter Sloure 201 E University Plany D	altimore mo	21218
31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE		
AUG 1 3 1993 Julie Marie Target		

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-16 Rev 1/89

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

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fours after death. Page 6 may be retained by the hospital or attending physical	d c	
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7	X	
Ē	etely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
certificate	ding physic lygiene pric	other tr	
the death	y the attended Mental H	Injury, or	
equires that	en signed by	hows any	
: The law r	ate has be	tem 23 s	
PHYSICIAN	this certific with the S	rked, or	
TTENDING	CTOR: After after death	28 is ma	
PITAL OR A	ERAL DIRE	T: If Item	
TO THE HOSI	TO THE FUNE be filed within	IMPORTAN	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Billy	Armstron	a		2. DATE OF DEATH BAY	1993	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	e. BiR	THPLACE (State or Foreign		
	216-30-8029 Ba. FACILITY NAME (If not institution, give s	1√ M 2 □ F 58		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-20-3	34	S.C.		
DIRECTOR	2850 Boarman Ave			Baltim		EATH	9c. COUNTY OF	DEATH		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c CITY	TOWN OR LOCAT	TON			10d. INSIDE CITY		
E	Md			alto	IOIT			LIMITS?		
	10a. STREET AND NUMBER		De		ZIP CODE		40- OTTITEN OF	1) YES 2 NO		
FUNERAL	2850 Boarman	Ave			21215	U S A				
Ž	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS OEC		NIC ORIGIN? (Specify Yea	or No.— 14. RA	CE — American Indian,		
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 11 YES	2 NO	If yes, spo X[X YES	ecity: Black					
8	15. OECEDENT'S EOU		18e. DECEDENT'S L	ISUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUSTRY			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during mo retired.)	at of working					
APL	12th					35 E				
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden S	Surname)			
BE C	Columbus Ar	mstrong			Hatt	ie P. Pe	ttus			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Town	, State, Zip Code)			
F	Ola A. Armst	rong-Carver	3744	4 Dolf:	ield Av	e Balto,	Md. 2	21215		
	20a. METHOD OF DISPOSITION 1. D. Burlal 2 Cremation 3 Removat from State 4 Design 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complete, prematory or other place) Arbutus Memorial Park 8/14/93 Arbutus, Md									
	21. SIGNATURE OF FUNERAL SERVICE LIC				O AOORESS OF FA		7 112 00	caby ma		
	+ Herme	H. Show	nam Ja		ch F/H W	lest h Avenue				
	23. PART I Enter the diseases, or o	complications that caused	the death. Do no	ot enter the mo	de of dying, auc	h as cerdiec or respir	atory arrest,	Approximata		
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death									
	disease or condition resulting in death)	+ CADORAPRATE MOSE								
7		OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate									
S	cause. Enter UNDERLYING CAUSE (Disease or injury	· HP								
E	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	:						
H	Tooding in death) Exs.	d								
AL C	PART ii. Other eignificent condition	na contributing to death bu	it not reaulting in	the underlying	g cause given in			4b. WERE AUTOPSY FINDINGS		
2						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
回								OF DEATH?		
2										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	neck only one)	1			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		OTHER: 4 - Nursing Hom	e 5 🗆 Rasidence	6 Other (Specify)				
£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT	28d. OESCRIBE HOW IN	JURY OCCUREO			
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	YES 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	6 Could not be 26e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Rural State)								
E	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occurre	d at the time, date	and place, and du	to the cause/s) and men	ner se stated			
COMPLET	one)	ER: On the besis of examination						e(a) and menner as stated.		
BE	29b, SIGNATURE AND TITLE OF CERTIFIE	W man			29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETEO CAUSE OF DEA	TH (ITEM 27) (Type,	Print)		1 (0				
	31. DATE VILLED Month, Day, Year)	19 necolarmanie pioni	TURE							
	Aug 1 8 1993	Julia Deurdson	-Randuce			-6 6				

	FOR
1	STATE
•	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF

	1 - STATE REGISTRAR	SINIE OF F	CI	ERTIF	ICATE C	F DEA	AND I	MENIAL H	YGIENE EG. NO.				
OR	1. DECEDENT'S NAME (First, Middle, Lest) EDNA			BUCHWALD				2. DATE OF DEATH DAY AUGUST 12,19			YEAR	3. TIME OF DEATH 4 A. M	
	4. SOCIAL SECURITY NUMBER 217–22–3250A	5. SEX 1 M 2 Af 82		yrs.	IF UNDER 1 YE.		MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/07/1910		T.	. BIRTHI	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street and number) PIKESVILLE NURSING HOME				95. CITY TOWN OB LOCATION OF DEATH PIKESVILLE				BALTIMORE				
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. HIGHS CITY												
DIRECTOR	MARYLAND			BALTIMORE					10d. INSIDE CI LIMITS? VXX YES 2 [
FUNERAL	5900 PARK HEIGHTS AVE., APT.				708 101. ZIP CODE 21				215			HAT COUNTRY?	
BY	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S			MED	13. WAS	13. WAS DECENDENT OF HISPAN			IIC ORIGIN? (Specify Yes or No-		USA 14. RACE — American Indian,		
	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES 2			VO	If yes, specify Cuban, Maxican, Puarto Rican, etc.; 1 YES 2 NO Specify:					Specify: WHITE			
H	(Specify only highest grade completed) /G			CEDENT'S USUAL OCCUPATION the kind of work done during most of working				16b. KIND	16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 5+ N			URSE				MEDICAL					
BE CO	17. FATHER'S NAME (First, Middle, Last) ALBERT WOLF				18. MOTHER'S NAME (First, Middle, Malden Surname) MAMIE BRITTINGHA						NGHAM		
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. ELIZABETH WALTER												
	46 RIDEFORD CT. BALTIMORE, MD 21234												
	1 X Buriel 2 Cremation 3 Remove from State 4 Donation 6 Other (Specify)												
	21. SIGNATURE OF FUNERAL SERVICE LICINSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.												
	23 ART V Enter the diseased or compilestings that equal the death Portraint												
CERTIFICATION	shock, or heart/ellure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Characteristic coused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory arrest, interval Between Onset and Death Approximete interval Between Onset and Death												
	OUE TO (OR AS A CONSEQUENCE OF):												
	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING												
LIFIC	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):												
CER	resulting in deeth) LAST	d											
	PART II. Other significant conditi	ons contributing to	deeth but not r	esulting i	in the underl	ring cause of	dven in I		WAS AN AL		1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL								1 _ YES 2 _ NO			COMPLETION DF CAUSE OF GEATH?		
ž								_				1 NES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF D	EATH (Che	ck only one)			1		
YSI	1 TYES 2 7 NO	□ DOA	OTHER: DOA 4 Norsing Home 5 Residence 8				3 🗆 Other (Specily)						
	27. MANNER OF OEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)			28b. TIM INJ	URY	WORK7			88d. OEŞCRIBE HOW INJURY OCCURED				
D BY	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At hon building stc. (Specific)						28f. LC		LOCATION (Street and Number or Rural Route Number,				
33	4 Homicide detarmined City or Town, State)												
COMPLETED	29s. CERTIFIER (Check only one) 1 CHECK CHIEF IN CHECK CONTROLL EXAMINER: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as steted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occurred at the time, data and place, and due to the cause(s) and manner as stated.												
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
0 B	Bacolo Bobh					DI	D15872			8-12-93			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARDLD B. BOB 7220 PARK KETHE 21208												
,	31. DATE FILED (Month, Day, Year) AUG 1 3 1993	32. REGIȘTRAI	R'S SIGNATURE		racte	iku	w			8			
6		//I.V. /\. ' A	our Pande	-									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last,	ANNA BAK	ER (ANNA	L.	BAKER)	2. DATE OF DEATH MONTH DATE AUGUST 8,	1993 YEAR	3. TIME OF DEATH 11:30 PM m
4. SOCIAL SECURITY NUMBER 217-26-8313	5. SEX 1 M 2 XX	NGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mopth, Day, Year) 8/26/1912	8. BIRT	HPLACE (State or Foreign try) RYLAND
9a. FACILITY NAME (If not Institution, give 2203 BAKER AVEN) RESIDENCE OF DECEDENT				OR LOCATION OF DI LE RIVER	EATH	9c. COUNTY OF I	
10e. STATE 10b. COUNTY MARYLAND	BALTIMORE	10c. Ci	10c. CITY, TOWN OR LOCATION MIDDLE RIVER				10d. INSIDE CITY LIMITS? 1 YES 2 XX
10e. STREET AND NUMBER 2203 BAKER AVEN 11. MARITAL STATUS 1 X Never Married 2 Married	UE		10	1. ZIP CODE 21220		10g. CITIZEN OF USA	WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2 XNO	If yes, s		NC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No— 14. RAC Blac Spec	E — American Indian, ck, White, atc.
15. DECEDENT'S ED (Specify only highest grac Elementum/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) HARRY	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT to CLERK	B USUAL OCCUPATI work done during m use retired.)	ON ost of working	U.S. GOV		
17. FATNER'S NAME (First, Middle, Last) HARRY	BAKER			18. MOTHER'S NA	ME Erst. Middle, Maiden	GRUBER	
19a. INFORMANT'S NAME (Type/Print) MR. SAMUEL BAKER			BAKER A		Route Number, City or Town		20
20a METNOD OF DISPOSITION 1 Courtel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE	OF DISPOSITION/N	ame of	DATE 20c. LOC	CATION — City or T	
21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE CO.	de			STOWN RD. B		E, MD 21215
immediate cause. (in all disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE C	OF):	Cance	r-astr	ocylon	Onset and Death
PART II. Other significant condition	one contributing to dea	th but not reaulting	in the underlying	ng ceuse given in	Part I. 24a. WAS AN PERFORI	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL				105 05 05 05 05			1 Q YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJU (Month, Day, Y	JRY 28b. Til	OTHER: 4 Nursing Hotel WE OF 28c. IN	TLACE OF DEATH (Ch		JURY OCCURED	
1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN.	JURY At home, farm,	M 1 🗆	YES 2 NO	281. LOCATION (Street a City or Yown, State)	nd Number or Rural	Route Number,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SICIAN: To the best of my						(s) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFI	nexte			DOG CO	MBER /	≥ 8/9	0 (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W			e, Print)				
AUG 1 3 1993	Julie Devid	SIGNATURE CONCLETE					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Cours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fin be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DNMN-18 Rev 1/89



BALTIMORE, MARYLAND 21215-	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or animals and a second or animals of the hospital or animals and a second or animals are also second or animals and a second or animals are a second or animals.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the use as the filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	it be notified at once.
	nours after death. Page 6	by filled in by the funeral direct ation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	th certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or other traumatic event,
TAL RECORDS,	The law requires that the dea	ate has been signed by the attact Dept. of Health and Menta	lem 23 shows any injury,
DIVISION OF VI	DR ATTENDING PHYSICIAN:	DIRECTOR: After this certific hours after death with the St	item 28 is marked, or it
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

BE COMPLETED BY FUNERAL DIRECTOR	De. STREET AND NUMBER	S. SEX 1 M 2 F Baltimore Baltimore ALS AVE. 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W ATION	FEVER IN U.S. AF	YRS.	9b. CIT	Y, TOWN O	timo)	MIN.	Ann	OF BIRTN h, Day, Year)	1911	Country	eto. Co. Ma EATH
BE COMPLETED BY FUNERAL DIRECTOR	Sinai Hospital Sinai Hospital RESIDENCE OF DECEDENT De. STATE De. STATE 10b. COUNTY Md. E. De. STREET AND NUMBER 12127 Park Heid I. MARITAL STATUS Never Married Wildowed 4 Divorced 15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	Baltimore Baltimore Mts Ave. 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	F EVER IN U.S. AF	10c. CIT	9b. CIT	Y, TOWN O	Timo)	ON OF DE	Ann			Bal Bal	Cto. Co. Ma
BE COMPLETED BY FUNERAL DIRECTOR	Sinai Hospital RESIDENCE OF DECEDENT De. STATE 10b. COUNTY Md. E. De. STREET AND NUMBER 12127 Park Heig Marrial Status Never Married Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	Baltimore thts Ave. 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	FEVER IN U.S. AF		Y, TOWN	Bal OR LOCAT	timo)					TY OF DE	ATH
BE COMPLETED BY FUNERAL	De. STREET AND NUMBER 12127 Park Height Mid Street And Number 12127 Park Height Married Middle Middle 4 Divorced 15, Decedent's Educ (Specify only highest grade of Elementary/Secondary (0-12)	Ats Ave. 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	FEVER IN U.S. AF			OR LOCAT	ION	re				Cita	
BE COMPLETED BY FUNERAL	De. STATE Md. De. STREET AND NUMBER 12127 Park Heic I. MARNITAL STATUS Never Married 2 Married Widowed 4 Divorced 15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	hts Ave. 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAS DECEDENT OF YES, GIVE WAS DECEDED.	FEVER IN U.S. AF										10d. INSIDE CITY
BE COMPLETED BY FUNERAL	De. STREET AND NUMBER 12127 Park Heio I. MARITAL STATUS Never Merried 2 Merried Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of	hts Ave. 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAS DECEDENT OF YES, GIVE WAS DECEDED.	FEVER IN U.S. AF	0	wing	A Mi						10d. INSIDE CITY	
BE COMPLETED BY	12127 Park Heio I. MARITAL STATUS Never Married 2 M Merried Widowed 4 Diversed 15. DECEDENT'S EDUC. (Specify only highest grade of	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. AF			2 1.10	lls						1 YES 2 NO
BE COMPLETED BY	I. MARITAL STATUS Never Married 2 M Married Wildowed 4 Divorced 15, DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. AF		.10						10g. CITIZ	EN OF W	HAT COUNTRY?
BE COMPLETED BY	Never Merried 2 M Merried Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	FORCES? 1 IF YES, GIVE W	YES 2		12127 Park Heights Ave. 21117								
# 1	(Specify only highest grade of Elementary/Secondary (0-12)	ATION (manufacture)	FORCES? 1 YES 2 TNO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Spe If yes, specify Cuben, Maxican, Puerto Rican, 1 TYES 2 NO Specify:					- American Indian, White, etc.
# -	Elementary/Secondary (0-12)		16a. DI	ECEDENT'S	USUAL C	OCCUPATIO	N et of wester		16b	KIND OF BU	SINESS/INDI		
# 1	1 th Grade	College (1-4 or 5 +) We	Sive kind of a. Do NOT u.			st or working	v		Carpe	enter		
# -	7. FATHER'S NAME (First, Middle, Last)			Cont	ract	or							
0		Saublitz					-	fann		Middle, Maiden Barnho	00		
	Da. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a				ber, City or Tox		Code)	
2	Mrs. Erma A. Baub	litz											Md. 21117
1	De. METHOD OF DISPOSITION Buriel 2 Cremation 3 Removed Ponation 8 Other (Specify)		20b. PLACE cemetery, cry	ANDDATE	OF DISPO	SITION /No	mo of			E 20c, LC		Oty or Tov	wn, State
	amps S	Elin	U		E	. NAME AN	Fund	eral	Hom	e Rei	sters	town	rstown Roa 1.Md.21136
	3. PART I. Enter the diseases, or construction of the shock, or heart failure. L	Hepri	se on each line	0.			de of dyi	ng, suc	h aa cere	flac or resp	Iretory arre	eat,	Approximate interval Between Onset and Daath
ICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):										months years		
图	esuiting in death) LAST	HTN		6									YEARS
PHYSICIAN: MEDICAL C											WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Y Z	S. WAS CASE REFERRED TO MEDICAL					28 Pt	ACE DF DI	FATH (Ch	ack only or	na)		1	
SIC		HOSPITAL:	ER/Outpatient 3	B DOA	OTHE	R:							
	7. MANNER OF DEATH 1 Natural 5 Pending	2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence OF INJURY 28b. TIME OF NJURY AT WORK? M 1 YES 2 ND					8 ☐ Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28s. PLACE Of building,	F INJURY — At ho	ome, farm,	street, fac				28f. LOC City	ATION (Street or Town, State	and Number	or Rural R	oute Number,
COMPLET	Check only one) 2 MEDICAL EXAMINER												and manner ea stated.

Rollin L. Davis, M. D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robin Davis M.D. -2401 West Belvedere Avenue - Baltimore, Maryland 21215 31. DATE FILED (Marithy Day, Year)

		CE),		
1. DECEDENT'S NAME (First, Middle, La	est)					2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
CATHERINE	J.		BERLE	TT		08	11	9:	_	3:08 PM
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last I		ER 1 YEAR	IF UNDER 24 HRS	7. DATE	OF BIRTH		A BIRTH	PLACE (State or Form
213-20-496.	3 1 DM 2 DF	81	YRS. MONTHS	DAYS	HOURS MIN.	Sep	23	,191	1	Marylan
9a. FACILITY NAME (If not institution, go	ve street and number)		9b. CIT	TY, TOWN O	R LOCATION OF	DEATH		9c. COUNT	TY OF D	EATH
NORTH ARUNDEL H	OSPITAL ASS	SOCIATIO	N G	LEN F	BURNTE			A	A	COUNTY
10e. STATE 10b. COL	INTY		10c. CITY, TOWN	OR LOCATI	ION					10d. INSIDE CITY
Maryland			Baltir							LIMITS?
10e. STREET AND NUMBER					ZIP CODE			T 100 CITIZI	EN OF V	HAT COUNTRY?
3605 Gough St	reet				1224				U.S	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	ED 13	. WAS DECE	ENDENT OF HISE	ANIC ORIGIN	? (Specify Ye	or No- 1	14. RACE	— American Indian , White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA			2 NO Spe		lican, atc.)		Speci		
15. DECEDENT'S (Specify only highest g	EDUCATION	16a. DECI	EDENT'S USUAL (16b.	KIND OF BU	SINESS/INDU	STRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Man F	Do NOT use retired.	e during mos .)	it or wonung					
12th	-	E	mploye	e		A	& G	Tenu	ires	Webst
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, A	fiddle, Maiden	Sumame)		
Andrew	Jo	hn			Mami	e	F	Reese		
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRES	SS (Street at	nd Number or Run	nl Route Numb	er, City or Tow	rn, State, Zip C	Code)	2 1-11
Mr. Robert Be	erlett		5456	10	and.	HILL	Col	UMB	1 m	204
20a METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 F		20b. PLACE AN	ND DATE OF DISPO			OATI	20c. LC	CATION - CI		
1 4 Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	lemoval from State	oakia	Who Cem	eter	v 8	-16-9	3 Ba	ltimo	re	Maryla
21. SIGNATURE OF PONGRAL SERVICE	UCENSEE 0	0	22	. NAME AN	D ADDRESS OF	FACILITY				
1/1/4	1. 110	1	J	Josep	oh N.	Zann:	ino J	r. Fu	une	ral Hom
- Char	usy.	Janes								1 - 37.7
shock, or heart fallu	or complications that	caused the deel e on each line.			S. Con					Approximatinterval Bet
shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. M.9	caused the deele on each line.	th. Do not ente							Approximat
shock, or heart failu IMMEDIATE CAUSE (Final disease or condition	DUE TO (1)	e on each line.	JENCE OF):							Approximate interval Bet
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO),					
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4. SOCIAL SECURITY NUMBER	1 ₩ 2 □ F	(In yrs. last birthday) 7 0 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	S. BIFT Cou	THPLACE (State or Foreign				
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Earl D. Burns		3507 N	lary Ave	e., Balti	more, Md.	n, State, Zip Code) 21214					
20a, METHOD OF DISPOSITION 1 \(\) Burlel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	B	b. PLACE AND DATE O	F DISPOSITION //	lame of	DATE 20c. LO						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROY H. Cather Roy 94. Cather Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., MD.21214											
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3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spe-	f — At home, ferm, st cify)	treet, factory, offi	Ca	28f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,				
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18. DECEDENT'S EDUCATION (Specify only highest produ completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Leat) SAMUEL 18. MOTHER'S NAME (First, Middle, Melden Surrame) MOLLIE 19. MALING ADDRESS (Sireet and Number or Rural Route Number, City or Town, State, 20 Code) MRS DORIS COHEN 19. MALING ADDRESS (Sireet and Number or Rural Route Number, City or Town, State, 20 Code) MRS DORIS COHEN 20. LACE AND DATE OF DISPOSITION (Name of Paral Route Number, City or Town, State, 20 Code) 19. MALING ADDRESS (Sireet and Number or Rural Route Number, City or Town, State, 20 Code) 19. MALING ADDRESS (Sireet and Number or Rural Route Number, City or Town, State, 20 Code) MRS DORIS COHEN 20. LACE AND DATE OF DISPOSITION (Name of Paral Route Number, City or Town, State, 20 Code) 19. MALING ADDRESS (Sireet and Number or Rural Route Number, City or Town, State, 20 Code) 19. MALING ADDRESS (Sireet and Number or Rural Route Number, City or Town, State, 20 Code) 19. MALING ADDRESS (Sireet and Number or Rural Route Number, City or Town, State, 20 Code) 19. MALING ADDRESS (Sireet and Number or Rural Route Number, City or Town, State, 20 Code) 19. MALING ADDRESS (Sireet and Number or Rural Route Number, City or Town, State, 20 Code) 19. MEDIATE (Specific Code) 20. LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 212 23. PARTI, State the dispases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arreat, interval Bet Onset and Inter	- 11		FORCES? 1 X YES	2 NO	If yes,	, specify Cuben, Maxic	en, Puerto Rican, etc.)	2 OF 140	Black, White, etc.					
12 CHAUFFEUR 13. MOTHER'S NAME (First, Middle, Last) SAMUEL 14. MOTHER'S NAME (First, Middle, Maiden Surname) NOLLIE 15. MOTHER'S NAME (First, Middle, Maiden Surname) NOLLIE 16. NEORMANT'S NAME (Type/Print) 16. MAILING ADDRESS (Street and Mumber or Rural Route Number, City or Town, State, Zip Code) MRS DORIS COHEN 20. MRS DORIS COHEN 20. MRS DORIS COHEN 20. MRS DORIS COHEN 20. MRS DORIS COHEN 20. MRS DORIS COHEN 20. MRS DORIS COHEN 21. SIGNATURE of PURPAGE SERVICE LICENSES 21. SIGNATURE of PURPAGE SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 212 23. PART'I. Effect the dispasses of complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, abook, or heart initiated and sold in the supplication of the cause of the ca		3 Widowed 4 Divorced	ARM	Y	1 '''	YES 2 (Z) NO Speci	ry:		Specify: WHITE					
1.2 CHAUFFUR 1.5 AMUEL 1.7. FATHER'S NAME (First, Middle, Last) SAMUEL 1.9. INFORMANT'S NAME (First, Middle, Maidlen Surname) NOLLIE 1.0. INFORMANT'S NAME (First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen First, Middle, Maidlen Fir		15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	ISINESS/INDUS	STRY					
SAPULL COHEN 190. INFORMANT'S NAME (TypePrint) 190. MALING ADDRESS (Street and Number or Rural Poute Number, City or Rown, Street, Zip Code) MRS DORIS COHEN 200. PLACE AND DATE OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of Name		Elementary/Secondary (0-12)		Ille. Do NOT u	se retired.)	most or working	max/T							
SAPULL SAPURE (**PopPrint) 190. MAILING ADDRESS (**Street and Number or Rural Poute Number, City or Rown, Street, Zip Code) MRS DORIS COHEN 200. PLACE AND DATE OF DISPOSITION 100. PLACE AND DATE OF DISPOSITION (**North Street*) 200. PLACE AND DATE OF DISPOSITION (**North Street*) 200. PLACE AND DATE OF DISPOSITION (**North Street*) 201. PLACE AND DATE OF DISPOSITION (**North Street*) 202. PLACE AND DATE OF DISPOSITION (**North Street*) 203. PARTIL STATE the disposes, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, interval Bet Date of the street of the s	를	12		CHAUF'E	EUR		TAXI							
SAPULL COHEN 190. INFORMANT'S NAME (TypePrint) 190. MALING ADDRESS (Street and Number or Rural Poute Number, City or Rown, Street, Zip Code) MRS DORIS COHEN 200. PLACE AND DATE OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of Name	ខ្ល					18. MOTHER'S NA	AME (First, Middle, Meider	Surname)						
199. MALLING ADDRESS (Street and Number or Rivar Roune Number, City or Town, State, Zip Code) MRS DORIS COHEN 200. PLACE AND DATE OF DISPOSITION (Name of Application of Chip or Town, State) 201. PLACE AND DATE OF DISPOSITION (Name of Application of Chip or Town, State) 202. LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 212 23. PARTH. Effect the disposes, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Bate inte	ш	SAMUEL	COHEN			MOLL	1E							
200_PLACE AND DATE OF DISPOSITION 200_PLACE AND DATE OF DATE O		19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or Tow	vn. State, Zip Co						
A Donation S Other (Specify)	-			6-F F	SITTERR	OOT COURT	OWINGS MI	LLS, M	D 21117					
22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 212 23. PARTY. Siter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, interval Bet interval		209 METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remarks	oval from State 20b											
SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 212 23. PARTM. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, anock, or heart giffure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Cauchestive Heart Fuclore OUE TO (OR AS A CONSEQUENCE OF): Chronic Chronic Completion of conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 1 YES 2 NO NO 212 Approximation and resulting in death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, approximation interval Bet Onset and I interval Bet On		4 Donetton 5, Other (Specify) HEBREW YOUNG MENS 8-12-93 BALTIMORE												
23. PARTI. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, abock, or heer to fure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CAUCHES (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): A. Peri place or large of	- 1	SOL LEVINSON & BROS., INC.												
23. PARTI. Enter the disease; or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, about, or heert fulfure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition) Renal Failure Due to (or as a consequence of): Nectoric and I saleming af Right Lower Extremity But to (or as a consequence of): Lordestine Heart Failure Chronic		6010 REISTERSTOWN ROAD BALTIMORE, MD 2121												
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 BL NO 24b. WERE AUTOPSY FINE AMILIER PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 DL NO	ATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	ria of Ro	ght Lower	Extrem								
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 BL NO 24b. WERE AUTOPSY FINE AMILIER PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 DL NO	윤	CAUSE (Disease or Injury	OUE TO (OF AS A	CONSEQUENCE	n.	railux	2							
PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 1/2 NO 24b. WERE AUTOPSY FINITION TO COMPLETION OF CALL OF DEATH? 1 YES 2 1/2 NO	토		Periolo											
PERFORMED? 1 YES 2 N NO PERFORMED? AMALBLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO 1 YES 2 NO			a. rerepas						Chronec					
	ᆲ	PART II. Other algnificent condition	a contributing to deeth b	ut not resulting	in the underly	ying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAR OF DEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									1 TYES 2 NO					
EXAMINER? HOSPITAL: OTHER:	AN	25. WAS CASE REFFRRED TO MEDICAL				DI ACC CC CC			<u> </u>					
	ᅙᆝ				OTHER:									
1														
g () rendered 5 Pendered	- 100	1 Natural 5 Pending			URY	WORK?	260. DESCRIBE HOW	INJURY OCCUP	RED					
2 Accident Investigation		2 Sudalda	28e, PLACE OF INJURY	At home form			201 LOCATION (OV.	and North	D-10-1-1					
4 Homicide determined Duilding, etc. (Specify)		Could not be	building, etc. (Spec	cify)	3 es, sector y, 0		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29a. CERTIFIER A PROCESTIFYING THANKS THE TANK	<u> </u>	29a. CERTIFIER	~				l							
(Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se stated.	E	(Check only 1 20 CEHTIFYING PHYSIC												
2 MEOICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) and menner se state	3			- encor investigation	ri, in my opinior	n, death occured at the	time, date end place, er	nd due to the c	euse(a) and menner as stat					
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		ZYD. SIGNATURE AND TITLE OF CERTIFIER	1	,		29c. LICENSE NU	MBER	29d. DATE S	/					
Chweller and Surgical Resident 8/11/93		Chweller VA	L(四 , M.13.		Surgical 1	Resident	8/	11193					
The Addition will complete a day of the annual of the annu	İ	-/	U COMPLETED CAUSE OF DEA	AIH (ITEM 27) (Type			A .							
Charles S. Dremmand, II, MD 22 S. Greene St. Baltimore, MA 31201		71 67 0 11 1	The second second		S. G.	neeue St.	Baltimon	e, ms	1061					
31. DATE AUG 13 1993 FINAL DENGLAR SIGNATURE	11		I WE WAS MAR'S SIGN	ATME										

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	FOR STATE REGISTRAR
		TIE GIOTTE IT

DOROTHY (Middle, Last)						2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE		5. SEX	0.405 //				8	8	93	
493-58-8823		1 M 2 X F	6. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 5	Pay, Year)	8. BIRTI	PLACE (State or Foreign ry) MISSOURI
9a. FACILITY NAME (If not ins 3001 BELATE RESIDENCE OF DEC		eet and number)			96. CITY, TOWN BALTI	OR LOCATION OF D			OUNTY OF D	
10a. STATE MD	10b. COUNTY				Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				E	ALTIMOR					1 X YES 2 NO
3001 BELAIR	R ROAD				1	21213		10g. C	U.S.	WHAT COUNTRY? A.
11. MARITAL STATUS 1 Never Merried 2 1 3 Wildowed 4 Divor		FORCES?	NT EVER IN U.S. AR I YES 2 XII MAR OR DATES	NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	en, Puerto Ric		Spec	E — American Indian, k, White, etc. //y: WHTTE
15. DECE (Specify anly Elementary/Secondary (0- 10th		+) (G	CEDENT'S live kind of Do NOT u	USUAL OCCUPAT work done during in se retired.)	ION lost of working	16b. KIND OF BUSINESS/INDU				
17. FATHER'S NAME (First, Mic	ddle, Last)					18. MOTHER'S NA	AME (First, Mid	dle, Maiden Surname	9)	
UNKNOWN						UNKNO	NWC			
19e. INFORMANT'S NAME (Ty			19	b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Town, State,	Zip Code)	- 70 1
EVANGELINE	HOOKEF	3		TOOS	BELATE	ROAD/BAL	TMORE	, MARYT.A	ND 21	213
20a. METHOD OF DISPOSITION TO SERVICE 2 Greenet los	ON Barrer	uml from State	20b. PLACE	AND DATE	OF DISPOSITION (A		DATE	20c. LOCATION		
4 Donetion 5 Other	Specify)	ver from State	VOSHE			GARDENS		DUNDAL	K, Mr	
21. SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE				MARCH F.		1 E. NOR	TH AV	ENLE
23. PART I. Enter the die	seases, or co	omplioétions the	at caused the dr	ath. Do						Approximate
disease or condition resulting in death) Sequentially list condition If any, leading to immed	llata NG	DUE TO	O (OR AS A CONSE	OUENCE O	f):					
cause. Enter UNDERLYIF CAUSE (Disease or Injur- that initiated events resulting in dasth) LAST										
CAUSE (Disease or Injurthat initiated events resulting in death) LAST	d.		death but not i	resulting	in tha undarlyl	ng cause given in		Ia. WAS AN AUTOPS PERFORMED?	SY 241	D. WERE AUTOPSY FINDH AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injurthat Initiated events resulting in death) LAST	nt conditions		death but not i	resulting			_ 1	PERFORMED?	SY 241	AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
CAUSE (Disease or Injurthat initiated events resulting in death) LAST PART II. Other significant with the control of the cont	o de de de de de de de de de de de de de	HOSPITAL:			26. I OTHER:	PLACE OF DEATH (C	heck only one)	PERFORMED?	SY 241	AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
CAUSE (Disease or Injurthat Initiated events resulting in deeth) LAST PART II. Other significant of the control of the contro	d. onditions	HOSPITAL: 1 Inputient 2 28a. DATE Of	□ ER/Outpatient 3	DOA 26b. TIN	26. I OTHER: 4 Nursing Ho II OF 26c. IR	PLACE OF DEATH (C) me 5 Residence NURY AT ORK?	heck only one) 6 Other (5	PERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 F Accident 3 Suicide 6	ont conditions	HOSPITAL: 1 Inpatient 2 28a. DATE 0 (Month, E	□ ER/Outpatient 3	DOA 26b. TIN	26. I OTHER: 4 Nursing Ho IIIRY W 1	PLACE OF DEATH (C me 5 Residence NJURY AT ORK? YES 2 NO	heck only one) 6 Other (S 28d. DESCE	PERFORMED? YES 2 NO	DCCURED	AMAILABLE PRIOR TO COMPLETION DF CAUSOF DEATH? 1 YES 2 NO
CAUSE (Disease or Injurthat initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F R R R R R R R R R R R R R R R R R R	MEDICAL Pending Investigation Could not be letermined	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, t) 28e. PLACE (building)	ER/Outpatient 3 FINJURY De; /bar/) OF INJURY — At ho, etc. (Specify) If my knowledge, de	D DOA 28b. Till IN me, farm,	26. II OTHER: 4 Nursing Ho BE OF 26c. IN JURY M 1 street, factory, offi	PLACE OF DEATH (Come 5 Residence NURY AT ORK? YES 2 NO lice	6 Other (S 28d. DESCR 28f. LOCATI City or	PERFORMED? YES 2 NO Specify) NIBE HOW INJURY (ON (Street and Num. State)	OCCURED befor or Rural stated.	AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F In Notural 5 Suicide 6 G G 4 Homicide 6 G G 29a. CERTIFIER Check only 1 CERTIFIER (Check only 1 CERTIFIER Check only 1 CERTIFIER Check only 1 CERTIFIER Check only 1 CERTIFIER CHECK OF CHECK OF CERTIFIER CHECK OF CERTIFIER CHECK OF CHECK OF CERTIFIER CHECK OF CHECK OF CERTIFIER CHECK OF CHECK	MEDICAL Pending Investigation Could not be letermined IFYING PHYSIC CAL EXAMINER	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, t) 28e. PLACE (building)	ER/Outpatient 3 FINJURY De; /bar/) OF INJURY — At ho, etc. (Specify) If my knowledge, de	D DOA 28b. Till IN me, farm,	26. II OTHER: 4 Nursing Ho BE OF 26c. IN JURY M 1 street, factory, offi	PLACE OF DEATH (Come 5 Residence NURY AT ORK? YES 2 NO lice	heck only one) 6 Other (8 28d. DESCR 28f. LOCATI City or e to the cause e time, date en	PERFORMED? YES 2 NO Specify) NIBE HOW INJURY (ON (Street and Num Town, State)	DCCURED ber or Rural stated, o the ceuse(AMAILABLE PRIOR TO COMPLETION DF CAUSO OF DEATH? 1 YES 2 NO Route Number,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, is before death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ID 21215-0020	nspital or attending physician.	hed for use as the burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the ho	ely filled in by the funeral director, page 5 should be detact nation, or removal.	i, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICI,	TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, o

												3	23475
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / CE			T OF H			MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	CHARLE	SOLFE	CART	ER	,			2. DAT	E OF DEATH	- A	7543	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDE	R t YEAR	IF UNDER	t 24 HRS.		E OF BIRTH	0		PLACE (State or Foreign
١.	214-01-9533	TyZM2□F	75	YRS.	MONTHS	DAYS	HOURS	MIN.		3 -20-	18	Mar	yland
OR	HOWARD COUNTY	SEVEL	al Hospi	TH	9b. CIT	Y, TOWN O	M.A.	ON OF DE).	9c. COUN	O W	ARI
DIRECTOR	10e. STATE 10b. COUNTY			10c CIT	V TOWN	OR LOCAT	ION C	1	- 70				10d. INSIDE CITY
DIR.	Maryland Howa	rd Coun	t.v	100.001		ico		7 i + x	,			- P	LIMITS?
	10e. STREET AND NUMBER	ra coun	i o y		77.1	-	ZIP COD				10g. CITIZ		HAT COUNTRY?
EB	5 3680 Mt. Ida Drive 21043 USA												
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI			If yes, spe	ecify Cube	in, Mexica	in, Puerto	IN? (Specify Yes Rican, etc.)	or No-		- American Indian, White, etc.
B	② CXWidowed 4 ☐ Divorced	IF YES, GIVE V	1943-	1945		1 TYES	2 🙀 NO	Specify	y:			Specify	African-
윤	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE(CEDENT'S	USUAL C	OCCUPATIO	ON st of working	na	16	b. KIND OF BUS	SINESS/INDU	Ame	rican
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5	+) /// /// /// /// /// /// /// /// /// /	Do NOT us	e retired.)		or or world						
E E	17. FATHER'S NAME (First, Middle, Last)	own	Ha	ndyn	nan					Senera		bor	
	James E. Car	ter							- 4	mes B			
BE	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRES	S (Street a	nd Number	or Rural i	Route Nu	mber, City or Town	n, State, Zio (Code)	
2	Ms. Diane Robi	nson	3.	415	Mer	le :	Driv	ve,	Bal	timor	e, M	D 2	1244
	20a. METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Remains	oval from State	20b. PLACE A	ND DATE	F DISPO	SITION (Na	me ol		DA	TE 20c. LO	CATION — C	ity or Tow	m, State
	4 Donation 8 Other (Specify)	-	Cres	tľaw						2-93 M	arri	ott	sville, M
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	M00	535	5		k Fu	ıner	al	Home,			0.43
	23. PART i. Enter the diseases, or o	orpolications the	it caused the de	ath. Do r	ot ente	r the mo	de of dy	ing, suc	h as ca	Mary	ratory arre	st,	Approximate
	shock, or heart feliure.	Ast only one ceu	use Dn each line.										interval Between Onset and Death
	disease or condition resulting in death)	Caro	Zinous	2. 0	6	the	C	mu	3				3 worths
	754A/=34.54-750503	DUE TO	(OR AS A CONSEC	OUENCE OF	7:	*							
N O	Sequentially list conditions,	DUE TO	(OR AS A CONSEC	NIENCE O									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		(0	OLIVOL O	<i>γ</i> .								
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE OF) :							-	
E	resulting in death) LAST	i											
	PART il. Other significant condition	s contributing to	death but not re	esulting i	n the u	nderlying	Cause !	given in	Part I.	24s, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Chronic Ren	ul b	oil we	01	6	emo	dic	Ty s	1'5	PERFOR		1 3	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEC								1					OF DEATH?
z													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only				
IXS	t TYES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3		4 🗆 Nu	rsing Hom		sidence		1-7	tome		
ВУ РН	1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIM INJ	E OF URY M		URY AT RK7 /ES 2 [] NO	28d. Di	EŞCRIBE HOW II	YJURY OCCL	IRED	
	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE O building,	OF INJURY — At horetc. (Specify)	me, farm, s	treet, fac	tory, office				CATION (Street a y or Town, State)	and Number s	r Rural Ro	oute Number,
le le	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledne des	th occur-	d at the	time dat-	and plac-	and do-	to the -	weeks) and min			
COMPLETED													and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	LA	1				29c. LICI	ENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)
0 8	Jx 16171	M / //	,'ン,				1)4	113	T		▶ 8/	10/	93
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	SE OF DEATH ATEL	4 27) /Emp	Delega			-	79		-		

Plaza,

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print)
CLEWENT B. KNICHT #424, 2000 CONTU

31. DATE FILED (Month, Day, Year)
AUG 1 3 1993

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	DECEDENT'S NAME (First, Middle, Last)						2 DATE	OF DEATN			3. TIME OF DEAT
4.8			07 1				MONT	Н	DAY	YEAR	
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	Never Married 2 ☐ Married ☐ Widowed 4 ☐ Divorced	FORCES? 1 Y			If yes, spe	elfy Cuban, Maxic 2 NO Speci	en, Puerto fy:	Ricen, etc.)		Special Specia	t, White, etc.
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E	15. DECEDENT'S EDU (Specify only highest grade	le completed)	16a. DECEDE	NT'S USUAL (ad of work done OT use retired.)	during mos	N I of working	168	KIND OF E	BUSINESS/INC	DUSTRY	
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	harles	Clark				min	nie	2)	LAN	ole	U
B 3/	INFORMANT'S NAME (Type/Print)	// .	19b. MA	ILING ADDRES	S (Street a)	d Number or Rural	Route Num	ber, City or T	own, State, Zf.	Code)	1
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	Burial 2 Cremation 3 Ran	noval from State	20b. PLACE AND D	ATE OF DISPO		not .	Sp	E 20c.	LOCATION -	City or To	wn, Stata
4 🗆	Donation 6 Other (Specify)		1111.	210	1 (em	114	6	AIIO	Co	me
III 21.	SHAPTURE OF FUNERAL SERVICE LI	CENSEE		23	NAME AN	DAPPRESS OF	LES.	FL	Ner	A	Hom
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J. Car, Jene

31. DATE FILEO (Month, Day, Year)

aug 1 3 1993

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	OFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	xecuted within a	. OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	atic event, ti
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9, P.O	death certi	attending intal Hygie	ry, or ot
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DF VI	INSICIAN	is certific rith the S	ed, or i
ONO	DING PH	After thi	s mark
DIVISI	OR ATTEN	DIRECTOR: hours after	item 28 i.
-	-	1	-

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Elizabeth Calvert Anne 993 August 10:55p.m. 4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, DAYS HOURS 1 M 2 X F 83 218-22-7157 YRS. Oct. 29, Maryland 9s. FACILITY HAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Lorien Nursing Home 6334 Cedar Lane DIRECTOR Columbia Howard County 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY Maryland Baltimore Catonsville 1 TYES 2 X HO FUNERAL 10e. STREET AHD HUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1414 T. 1 Westerlee Place 21228 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 HO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Yea or Ho—If yea, specify Cuban, Maxican, Puerto Rican, atc.)
1 □ YES 2 ☑ HO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: 3 🕅 Widowed 4 🗌 Divorced Caucasian 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete COMPLETED 16b. KIHD OF BUSINESS/IHDUSTRY live kind of work done

Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 6+) 10 th Grade Homemaker Home 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) Talbott notified at Marion Mary Calder BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Shirley Snead Route 4 Box 280 C. Hedgesville, W. VA. 25427 pe 20s. METHOD OF DISPOSITION
1 Deniel 2 Cremation 3 Rei 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Carroll Cremation, INC. 8/10/93 Hampstead, MD 21074 examiner 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, INC. 20 8728 Liberty RD Randallstown, MD 21133-4784 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition Acudent relied VAJula resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Hyperteun CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Cerely Voyelon Usen CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 Inluny, PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 YES 2 NO OF DEATH? 1 YES 2 HO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL QTHER: 1 Inpetient 2 ER/Outpetient 3 DOA rsing Home 5 Residence 8 Other (Specify) 4 30 6 27. MANNER OF DEATH 28a. OATE OF IHJURY (Month, Day, Year) 28b. TIME OF 28c. IHJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending Investigation M 1 YES 2 HO BY 2 Accident 28s. PLACE OF IHJURY — At home, farm, street, factory, office building, stc. (Specify) 99 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL OIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER

//Chack only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE HUMBER BE Hose Whereus 10, 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LIFFE

Opticent

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32. REGISTRAR'S SIGNATURE

Davidson

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

LETED CAUSE OF DEATH (ITEM 27) (Type, Pri

3 199

31. DATE FILED (Month, Day,

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7	that
KEC	requires
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70	PHYSICIAN:
IVISION OF VITAL RECORDS, P.O. BOX 68/60,	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour
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	ANTHONY	(NMN)	Cl	EMEN	IT				AUG	1	.0 199	33	6:2/P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE (Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	210-01-7549	1 XM 2 F	74	YRS.	MONTHS	LIAYS	HOURS	merre,			1918		nsylvania
	9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CIT	Y, TOWN C	OR LOCATIO	ON OF DE				TY OF DEA	
DIRECTOR	1804 YAKONA ROAD)				TOWS	MOS				B	ALTIM	ORE
5	RESIDENCE OF DECEDENT												
2	100. STATE 10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCAT	ION					10	LIMITS?
		Baltimore	2		To	owsor						1	TES 2 NO
M	100. STREET AND NUMBER					101	ZIP CODE				10g. CITIZ	EN OF WH	AT COUNTRY?
ij	1804 Yakona Road	1					212	234			J	JSA	
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. AR		13.				NIC ORIGIN		ee or No-	14. RACE -	- American Indian, Yhite, etc.
ВУ	1 Never Married 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE	1 √ YES 2 □ I WAR OR DATES				2 X NO			rount, with		Specify:	
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COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S	work done	durina mo	ON ast of workin	ng	16b.	KIND OF B	USINESS/INDL	STRY	
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MP	12th grade		M	achir	ne Op	perat					tern E	Lectr	1C
8	17. FATHER'S NAME (First, Middle, Last)						1.011110		ME (First, M	ADM.	en Sumeme)		
BE	Dominic Clement						Sil	va I	Disan	d			
0	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural	Route Numb	er, City or To	own, State, Zip	Code)	The same
-	Mary L. Clement			1804	Yako	ona I	Road	Ba.	ltimo	re, I	MD 21:	234	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE				me of		DATE	20c. l	OCATION — C	ity or Town	, State
	4 Donation 8 Other (Specify)	over from State	- Park				y	8,	/14/9	3 1	Baltim	ore,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1				ND ADDRES						
	Phy train	8/5	201-1	11					al Ho				
	23. PART I. Entar the diseasea, or o	7,7	202	7							Towson		
	shock, or heart failure.	List only one ca	et caused the de	eath. Do	not ente	r tna mo	de ot dyl	ing, suc	h ss card	ac or rea	piratory sm	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	//	111										Onset and Death
	resulting in death)	. C/	11										
		DUE TO	O (OR AS A CONSE	OUENCE O	F):	7							
NO	Sequentially list conditions,	145	301	N									
Ĕ	If sny, leading to immediata cause. Enter UNDERLYING	DUE TO	O (OR AS A CONSE	OUENCE O	IF):								
3	CAUSE (Disease or Injury	c	O (OR AS A CONSE										
E	that initiated events resulting in death) LAST	DOE IN	O (OH AS A CONSE	OUENCE U	rej:								
H		d,											
MEDICAL CERTIFICATION	PART II. Other significant condition	a contributing to	o deeth but not i	reaulting	In the u	nderlyin	g cause g	given in	Part I.	24a. WAS /	UN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
S									87.5		ORMED?		MAILABLE PRIOR TO OMPLETION OF CAUSE
									_	1 TYES	2 Z NO		F DEATH?
		-							- 1			1	YES 2 NO
AN													
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one	9)			
YS	1 YES 2 NO		☐ ER/Outpatient 3	1		_	E-mark	eldence	8 - Other	(Specify)			
PHYSICI	27. MANNER OF DEATH 1 Netural 5 Pending	28a, DATE O (Month,	F INJURY Day, Year)	28b. TIR	JURY	28c. INJ WO	URY AT		28d. DE\$	CRIBE HOV	INJURY OCC	URED	
BY	2 Accident Investigation				М	1 🗆 '	YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE building	OF INJURY — At he p, atc. (Specify)	ome, ferm,	street, fed	tory, offic	•		28f. LOCA	TION (Street Town, Sta	et and Number (or Rural Rou	te Number,
8	4 Homicide determined												UN
COMPLETED	29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the bast of	of my knowledge, de	eath occur	red at the	time, date	and place,	, end due	to the cau	se(e) end m	anner as state	d.	100
MC	one) 2 MEDICAL EXAMINE												nd manner ee stated.
	296. SIGNATORE AND TITLE OF CERTIFIES						29c, LICE					_/	1
BE	Will och	100	7		20	1	->	-1	920	22	DAJE	July (N	fonth, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DHMH-18 Rev 1/89

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3. TIME OF DEATH

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YEAR

2. DATE OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	č
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	REGISTRAR		CERTIF	ICATE OF	HEALTH AND M	REG. NO		3 23479
	1. DECEDENT'S NAME (First, Middle, La	•	++incho	m		ONTH 090	AY 9.3 ^{rr}	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ellyn P. Co	(In vrs. last birthday)	IF UNDER 1 YEAR				
P	213-16-5600	7√3 M 2 □ F	73 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	19 Î	BIRTHPLACE (State or Foreign Maryland
Pages 1, 2, 3 should	99. FACILITY NAME (If not institution, gi 808 Wicklow RESIDENCE OF DECEDENT	Road			imore C		9c. COUNTY	OF DEATH
Pages 1.	10a. STATE 10b. COU		10c. CIT	y, town on Local Baltim	ore City	7		10d. INSIDE CITY LIMITS? 1
FUNERAL	100. STREET AND NUMBER 808 Wicklow	Road			1. ZIP CODE 21229			U.S.
84	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 2 NO	If yes, ap	CENDENT OF HISPANI pecify Cuban, Mexican, 6 2 NO Specify:	C ORIGIN? (Specify Yee Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: Black
5 should be detached for use as notified at once. TO BE COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION ade completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	ON ost of working	16b. KIND OF BUS	SINESS/INDUST	
r once.	12th 17. FATHER'S NAME (First, Middle, Last)		Post	man				
6 de Ge	Percy Cottin	ah am				E (First, Middle, Malden 2 Jackson	,	
5 should be notified at TO BE	190. INFORMANT'S NAME (Type/Print)	gnam	19h MAILING	ADDRES (Street of		oute Number, City or Town		-
5 sh	Doretha Cott	ingham				Balto.,MI		
must be	20a. METHOD OF DISPOSITION \$\forall^C \text{ Burlet 2 } \cup \text{ Cremation 3 } \text{ R} 4 \text{ Donation 6 } \text{ Other (Specify)}	201	D. PLACE AND DATE	OF DISPOSITION (Na	ame of	DATE 20c, LOC 8/93 A	CATION — City	or Town, State
e funeral di examiner	21. SIGNATURE OF FUNERAL SERVICE		#281	E.L.P	ND ADDRESS OF FACI	F/H 172		N.Monroe
atending prysician and completely filled in by the first Hygiene prior to burial, cremation, or remover by, or other traumatic event, the medical CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE O	F):	intery.	Lirein	e	Onset and Do
been signed by the after of Health and Mental shows any Injury, Y: MEDICAL CE	PART II. Other algolficant condit	Comer	out not resulting			PERFOR	MED?	24b. WERE AUTOPSY FINDN AMAILABLE PRIOR TO COMPLETION DE CAUS OF DEATH? 1 YES 2 NO
certificate has the State Der I, or Item 2: HYSICIAL	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	autlant 2 🗆 DOS	OTHER:	LACE OF DEATH (Chec			
with the	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c. INJ	NO 5 Masidence 6	Other (Specify) 28d. DESCRIBE HOW IF	NJURY OCCUR	ED
after d 28 is 7ED	2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, cify)			261. LOCATION (Street e City or Town, State)	and Number or F	tural Route Number,
VINERAL DIRECTOR VITHIN 72 HOURS ANT: If Item COMPLET		YSICIAN: To the best of my know						use(e) end menner se state
TO THE FUNERAL DE filed within 72 has IMPORTANT: If IMPORTANT: If IMPORTANT: IF IMPORTANT: IF IMPORTANT: IF IMPORTANT: IF IMPORTANT: IF IMPORTANT: IF IMPORTANT: IF IMPORTANT: IF IMPORTANT: IF IMPORTANT: IF IMPORTANT: IF IMPORTANT: IF IMPORTANT: IMPORTAN	296. SIGNATURE AND TITLE OF CERTIF	Sungel	M D	Print)	29c. LICENSE NUMB	04	> 8	GNED (Month, Day, Year)
-								
41	7 50 M 31. DATE FILED (Month, Day, Year)	33, REGISTRAR'S SIGN Julia Devidson	R	eester	tu 1	n0 21	130	

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BALTIMORE, MARYLAND 21215-0020	ined by the hospital or attenting the prician	nould be detached for use	fled at once.
BALTIMORE, M.	hours after death. Page 6 may be reta	ed in by the funeral director, page 5 sl	medical examiner must be not
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use more than the state of states of states and states the proper	mous are occur with the state begin, of results and mental pygiene prior to bottal, defination, of entropia. Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

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notified at once.

CERTIFICATION

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IMPORTANT: If

) THE HOSPITAL OR ATTENDI) THE FUNERAL DIRECTOR: A:) filed within 72 hours after de

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) Willigust 10 FREDERICK CROMWELL 93 4:20 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 8/19/23 1 🕅 M 2 🗌 F 69 213 16 3785 YRS. OHIO 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VA MEDICAL CENTER FORT HOWARD BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE BALTIMORE 1 - YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 80 GINWOOD LANE 21221 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) YES. GIVE WAR OR DATES 1 TYES 2 XNO Specify Specify 3 Widowed 4 Divorced 6/48--9/23/49 WHITE 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Truck Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY BLAIN CROMWELL MARIE CALIMER 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) CLINICAL RECORDS MEDICAL CENTER. FORT HOWARD. MARYLAND 21052 20a. METHOD OF DISPOSITION
1 □ Burlat 2 ☑ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE 4 Donation 5 Other (Specify) Metro Crematory Inc. 8/12/93 Baltimore Md. 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY 300MaceAve. ConnellyFuneralHomeofEssex Balto. Md.21221 M 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. intervai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition MALIGNANT MESOTHELIOMA OF LUNG resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 NO XX YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 Xinpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 - YES 2 NO 4 🗆 Nursing Ho me 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE-OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8/12/93 WHO COMPLETED CAUSE OF DEATH (ITEM 21) (Type, Print) CHERUKOTH V. J. VERGHESE, M.D., VA MEDICAL CENTER, FORT HOWARD, MD 21052 32. REGISTRAR'S SIGNATURE

Pulie Deviden Rando De

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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician	in the form of the funeral director, page 5 should be detached for use as the burial-transferon or renoval.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BO; 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be becomed with a fact of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and companying the funeral director, page 5 should be detached for use as the burial-tran be fled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremmand on regional.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event. The medical examiner must be notified at once.

STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	Н	REG. NO.

_	REGISTRAR	CENTIF	ICATE	F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) RALPH DIXON, J	o			N	AY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	245 20 3142 18 20F		MONTHS DAY		(Month, Day, Year)		N.C.
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOV	N OR LOCATION OF DI		9c. COUNTY	
S S		ene ST	BAL	TIMORE ,	MD	BALT	HOKE CITY
គ្ន	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CfT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
- DIRECTOR	100. STREET AND NUMBER	E	ALTI	MORE			LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
FUNERAL	706 E. 41st Street			2/2/8		U.	S. A.
BY FU	1 Name Married 2 M Married FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes	DECENDENT OF HISPA I, specify Cuben, Mexico YES 2 NO Specif		s or No— 14.	RACE — American Indian, Black, White, etc. Specify:
	16. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUST	TRY
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	97)	KER	most of working	1		
8	17. FATHER'S NAME (First, Middle, Lest)			18,MOTHER'S NA	AME (First, Middle, Malden	Surname)	
BEC	Ralph Dixon, Sr.			Minn	ie Enni	S	
5	190. INFORMANT'S NAME (Type/Print) Elsie, Dixon	19b. MAILING 706	E. 41	eet and Number or Rural St Street	Route Number, City or Tov	vn, State, Zip Coo	TD 21218
	20e, METHOD OF DISPOSITION 1	20b. PLACE AND DAT	y or other place,		DATE 200 LC	CATION - CHY	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	^		E AND ADDRESS OF FA	ACILITY	1	= 1/1/1
	MISSE	V	DV1	1. U. MAK	10H F. H. /	1101 2	=. North dire.
			Y F	FAI LURE	ch aa cardiac or reap	oratory arrest	, Approximate Interval Between Onset and Death
-		NEUMONIA					
CERTIFICATION	Commentally list conditions	TO (OR AS A CONSEQUENCE O					
፮	CAUSE (Disease or Injury						
	that initiated events resulting in death) LAST	TO (OR AS A CONSEQUENCE O	OF):				
띩	d						
	PART II. Other algnificant conditions contributing	to death but not resulting	in the under	lying cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL		ientra, CHF		henric	1 🗆 YES	2 (NO	COMPLETION OF CAUSE OF DEATH?
	Cardotte Record Color 1	OPD, Anen		CUA, H	0		1 - YES 2 - NO
ÿ.		ultiple UT			104101		
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	6. PLACE OF DEATH (C			
₹		2 ER/Outpatient 3 DOA OF INJURY 26b. Ti		Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OCCUR	NED.
BY P	1 Netural 5 Pending (Month 2 Accident Investigation	, Day, Year) IN	M 1	WORK?			
	3 Suicide 6 Could not be determined 28e. PLAC building	E OF INJURY — At home, farm, ng, atc. (Specify)	, street, factory,	office	28f. LOCATION (Street City or Town, State	and Number or	-
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basis of						
	296. SIGNATURE AND TITLE OF CERTIFIER	PHUS - DRI	R. LAS	29c. LICENSE NU	JMBER	29d, DATE S	IGNED (Month, Day, Year)
TO BE	Chery Ferrier - 1st	yr Resider	t		SHI-10 A	▶ 8	1193.
4	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF DEATH (ITEM 27) (TYPE	ve, Print)	- 225.	C-REDUE	ST.	
+	31. DATE FILED (Month, Dey, Year) 32. REGIST	THAR'S SIGNATURE	ande ML				
	Olyl word T 9 1999						



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de he find within 72 hours after death with the State Perf or Heath and Mental Horiere order to burial connation or removal	INDORTANT If Iem 28 is marked or Item 23 shows any Injury or other trainfalls event the medical assuring the applical
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	Ī	1 - STATE REGISTRAR		STATE OF I				F HEALTH		9 9 9 9	YGIENI	E		
	1	1. DECEDENT'S NAME (First,								2. DATE OF	DEATH			3. TIME OF DEATH
			-	DRE -			eodore	W. Dy	er	MONTH OS	13	2 0	YEAR 3	2.40 A.M
		4. SOCIAL SECURITY NUMBER	G/a/	5. SEX		s. lest birthday)	IF UNDER 1 YI	AR IF UNDER	R 24 HRS.	7. DATE OF 1 (Month, De	y, Mear)		a. BIRTH Count	HPLACE (State or Foreign ry)
	1	9a. FACILITY NAME (If not in	netitution che		80	YRS.	AL OUTH TO			9/24	1112	-	^	ND.
٩		ST TOS	onh	LIX C	1-10/			WN OR LOCATI				9c. COUN	TY OF E	DEATH
5	3	RESIDENCE OF DEC		1703/	11/40		100	SOV	/, /	VID		_/ <u>2</u>	14	limare
DIRECTOR		10s. STATE	10b. COUNT	TY			Y, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
		Maryland 100, STREET AND NUMBER				Balt	imore	10f. ZIP COD	Æ			40- 077		1 YES 2 NO
FUNERAL		3609 Erdman	Aven	ue				21213				U.S		WHAT COUNTRY?
Z	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED		DECENDENT (OF HISPANI			_	14. RACI	E — American Indian,
BY		1 Never Married 2/CX 3 Widowed 4 Divo		IF YES, GIVE V	YES 2	₽¥no		s, specify Cubs			n, etc.)		Spec	k, White, etc.
	- 10		EDENT'S EO	IICATION .	140-	. DECEDENT'S	1101111 00011	2471011						White
		(Specify only Elementary/Secondary (0	y highest grad	de completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done durin	g most of worki	ing	186. KIN	O OF BUS	INESS/IND	USTRY	
, <u>a</u>		N/A		N/A		on Wor	ker			Loca	al #1	L6		
COMPLETED	3	17. FATHER'S NAME (First, M	fiddle, Last)					16. MOT	HER'S NAM	IE (First, Middl	le, Maiden S	Surname)	···	
BE		John Dyer				Earles and the				Weeks				
2	2	Inez C. Dye		fo)				reet and Number						12
8	ŀ	20a. METHOD OF DISPOSIT	TON		20b. PLA	CEANDDATE		Avenu	æ, в	OATE		MOL.		
		1 Donation 5 Other	(Specify) E	ntombment	Dula	ney Va	ther place)	1em. Ga	arden	s 8/14	Ti	moni		
		21. SIGNATURE OF FUNERA	L BEBURDE L	CENSEE		7	22. NAN	E ANO ADDRE	SS OF FAC	ILITY				
		• //	Espir -	-) Zu	in		[333]	munek Brehn	ns La	ne. Ba	altin	pre.	Md.	21213
	ı	23. PART I. Enter the di ahock, or h	Iseases, or	complications the	t caused tha	death. Do	not enter the	mode of dy	Ing. auch	aa cardiac	or reaple	ratory arre	est.	Approximate
			deri januje:	LINT ONLY ONE CAL	use on each	lina.						7		
		IMMEDIATE CAUSE (Fir		CLIET ONLY ONE CAL	On aach	lina.	Aum				01111111111			Interval Between Onset and Death
				a	PNE	UMD	NIA							Intarval Between
- N		IMMEDIATE CAUSE (Fir disease or condition resulting in death)	nei 	a	OR AS A CON	U MO	NIA		_					Intarval Between
TION		IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to imme-	iona, diate	DUE TO	PNE	U MO HSEOUENCE O	NIA E H	OAR	_					Intarval Between
FICATION		IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit! If any, leading to immecause. Enter UNDERLY! CAUSE (Disease or inju	iona, diate	b. DUE TO	PNE OR AS A CON ON AS A CON	U MO NSEQUENCE O	NIA DE H		_					Intarval Between
RTIFICATION		IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY!	iona, diate iNG	b. DUE TO	PNE OR AS A CON ONG	U MO NSEQUENCE O	NIA DE H		_					Intarval Between
CERTIFICATION		IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or Injuit that Initiated events resulting in death) LAS	iona, diate iing	b. OUE TO DUE TO DUE TO	PNE IOR AS A CON IOR AS A CON	U MO NSEOUENCE O NSEOUENCE O	N/A P: DE 1-1 P:	OART	ΓΗ	FALLU				Intarval Between
5 .	. 11	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list conditi frany, leading to immecause. Enter UNDERLY! CAUSE (Disease or Injuit that initiated events	iona, diate iing	b. OUE TO DUE TO DUE TO	PNE IOR AS A CON IOR AS A CON	U MO NSEOUENCE O NSEOUENCE O	N/A P: DE 1-1 P:	OART	ΓΗ	FALLU		AUTOPSY		Interval Between Onset and Death Dea
5 .	. 11	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or Injuit that Initiated events resulting in death) LAS	iona, diate iing	b. OUE TO DUE TO DUE TO	PNE IOR AS A CON IOR AS A CON	U MO NSEOUENCE O NSEOUENCE O	N/A P: DE H P:	OART	ΓΗ	FP1 LV	L WAS AN	AUTOPSY MED?		Interval Between Onset and Death Onset and Dea
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I			3. TIME OF DEATN		
	EDWIN WALLACE DALRYMPLE, SR.					AUGUS'	DAY T 1.1	1993	9:14 P. M		
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B					
				MONTHS DAYS	HOURS MIN.	(Month, Day	(, Year)	Count			
	218-26-0107 X M 2 C		YRS.			AUG. 2	9, 190	9 MAR	YLAND		
1.4	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF D	OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR	ST. AGNES HOSPITAL			BA	LTIMORE						
F	RESIDENCE OF DECEDENT										
Ä	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY		
5	MARYLAND BALTIMORE BALTIMOR				TIMORE	LIMITS?					
4	10e. STREET AND NUMBER							DITITEN OF	TIZEN OF WHAT COUNTRY?		
FUNERAL							109.	CITIZEN OF 1			
	4307 BARRINGTON ROAD 21229				21229				U.S.A.		
						SPANIC ORIGIN? (Specify Yes or No — 14. RACE — America exicen, Puerto Rican, etc.)			E - American Indian,		
BY	IF VES GIVE WAR OR DATES					cify: Specify:					
	3 Wildowed 4 Divorced WHITE										
	15. DECEDENT'S EDUCATION	11	Ba. DECEDENT'S	USUAL OCCUPAT	ION	16b, KIN	D OF BUSINESS	INDUSTRY			
E		(Specify only highest grade completed) (Give kind of work done during most of work life. Do NOT use retired.) (She kind of work done during most of work life. Do NOT use retired.)			nost of working	anny					
7	8TH GRADE		MACHINI	ST		NAVY YARD(GUN MANUFACTURE)					
M	17. FATNER'S NAME (First, Middle, Last)			0-	La manuana				INIOI MOIONE)		
BE COMPLETED	WALLACE GROOM DALRYMPLE				The second secon	ME (First, Middle, Melden Sumeme) ELIZABETH BROSECKER					
36									K		
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural						
-	SARAH S. DALRYMPLE		4307	BARRING	TON ROAD	- BALT	IMORE,	MD. 2	1229		
	204, METHOD OF DISPOSITION	20b. Pf	LACE AND DATE	OF DISPOSITION/	terne of	DATE 20c. LOCATION City or Town, State					
	1 \(\sum_{\text{Buriel}} 2 \subseteq \text{Cremetion 3 \subseteq Removal from State 4 \subseteq \text{Donation 5 \subseteq \text{Other (Specify)} \)		ory, crematory or o	RK CEME	עמקיי	8/14 BALTIMORE					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	I LO	UDUN PA				_ DALI	LMORE			
- 2	HIIRRADD EUNEDAT HOME THE										
- 0	Christopher NT	VUE -			WILKENS A			DF M	n 21220		
	23. PART I. Enter the disesses, or complications	that caused to	he death. Do						Approximats		
	shock, or heart failure. List only one	cause on each	h line.						Interval Between		
- 1	IMMEDIATE CAUSE (Final				./	16			Onset and Death		
_	disease or condition				018	death twease with anging			4 minuto		
	DUI	E TO (OR AS A C	ONSEQUENCE O	P:	1	7 (,		1.4		
Z	C. CO	ronar	ar	tern	duseas	e wit	7 91	19/19	1 10 years		
은	Sequentisity list conditions, if any, leading to immediate	E TO (OR AS A D	DNSEQUENCE O	f): (/				7			
3	csuse. Entire UNDERLYING										
Ĕ	CAUSE (Disease or Injury that initiated events	E TO (OR AS A C	ONSEQUENCE O	F):							
듄	reaulting in death) LAST										
CERTIFICATION	0.										
	PART II. Other significant conditions contribution	g to death but	not reaulting	in the underlyi	ng csuse given in	Part I. 24e	. WAS AN AUTO		. WERE AUTOPSY FINDINGS		
2	Source COPI						CON		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL					_ 10	1 TYES 2 THO OF DEATH?					
	Chrimic atrial tibrillation							1 TYES 2 NO			
PHYSICIAN:											
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL MOSPITAL										
S	HOSPITAL	2 - ER/Outpati	ent 3 DOA	OTHER:	me 5 Residence	6 Other (Sp	ecify)				
主	27. MANNED OF DEATH 280. DAT	E OF INJURY	28b. TW	E OF 28c. II	JURY AT			INJURY OCCURED			
	1 Natural 5 Pending	1 Netural 5 Pending (Month, Day, Year)			INJURY WORK? M 1 YES 2 NO						
B		2 Accident									
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)					28t. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)					
E											
			29e. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.								
7	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the be	st of my knowled	ge, death occurr	ed at the time, da	le end place, end du	a to the censels	end menner at	s stateu.			
MPLI	(Check only 1 CERTIFYING PNYSICIAN: To the be								s) end manner es stated.		
COMPLETED	(Check only 1 CERTIFYING PRYSICIAN: To the be one) 2 MEDICAL EXAMINER: On the beste				death occured at the	time, date and	place, end due	to the cause(s			
	(Check only 2 MEDICAL EXAMINER: On the bester that the control of the bester that the control of				death occured at the	time, date and	place, end due	to the cause(s	s) end manner es stated.		
B	(Check only 12 GERTIFYING PHYSICIAN: To the bester one) 2 MEDICAL EXAMINER: On the bester one of the second of the bester of the second one of the second one of the second one of the second of the second one of	MO	nd/or investigation	on, in my opinion,	death occured at the	time, date and	place, end due	to the cause(s			
	(Check only 2 MEDICAL EXAMINER: On the bester that the control of the bester that the control of	MO	nd/or investigation	on, in my opinion,	death occured at the	time, date and	place, end due	to the cause(s			
B	(Check only 12 GERTIFYING PHYSICIAN: To the bester one) 2 MEDICAL EXAMINER: On the bester one of the second of the bester of the second one of the second one of the second one of the second of the second one of	M D CAUSE OF DEATH	nd/or investigation	on, in my opinion,	29c. LICENSE NU D 258	HIME, date and	place, end due	DATE SIGNED			
B	Check only 2 MEDICAL EXAMINER: On the bester 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WNO COMPLETED DR. BRUCE MCCURDY — 31. DATE SILED (Month, Day, Veer) 32. REGI	M D CAUSE OF DEATH	nd/or investigation N (ITEM 27) (Type FRANCIS	on, in my opinion,	29c. LICENSE NU D 258	HIME, date and	place, end due	DATE SIGNED	(Month, Dey, Year)		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four ster death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

REG. NO

BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760, DIVISION OF VITAL

HOSPITAL

AUG 1

3 199

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY Michael DAVIS YEAR 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 91 90 7-25-02 qu. 1 M 2 - F permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 01 DIRECTOR SHAGNES T timore 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2122 detached for use as the burial-transit Jumm' U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, FORCES? 1 YES 2 NO 1 Never Merried 2 Married BY IF YES, GIVE WAR OR DATES 1 TES 2 X NO 3 Widowed 4 Divorced Specify White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8TH GRADE OFFICE CLERK REVERE COPPER & BRASS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) MICHAEL DAVIS notified at MARY CATHERINE WISCHER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1816 SUMMIT AVENUE-BALTIMORE, MARYLAND RITA R. DAVIS 21227 Pe 20s. METHOD OF DISPOSITION
1X Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must ST. STANISLAUS CEMETERY 08/14 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. M. 16 010 WILKENS AVENUE-BALTIMORE, MD. 21229 medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, Approximete shock, or heart feilure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death the diseese or condition amount or all resulting in death) event, DUE TO TOB AS A CONSEQUENCE OF 0 traumatic CERTIFICATION whenmones Sequentially list conditions, if any, leading to immediate A CONSEQUENCE OF) signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING Och CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST injury, or PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any 1 ☐ YES 2 ☐ NO shows a 1 YES 2 NO been s PHYSICIAN: has b Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h item HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending BY 1 YES 2 NO After death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d 99 6 Could not be COMPLETED 4 Homicide 28 item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. FUNERAL D = 2 MEDICAL EXAMINER: On the basis of examination end/or in ed at the time, date end place, end due to the cause(e) end menner ee stated. MPGRTANT. THE F SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER Med 97 COLUCETES 8 86 12 223 PURE 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julie Sevidon Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Printerson, Transposers

2. DATE OF DEATH DENIS DELSART 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 1 M 2 D F HOURS 51 348-34-2768 2-26-1942 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Northwest Hospital Center Randallstown Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Md. Reisterstown permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 10 S. Lake Way 21136 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 20 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 XX Married If yes, specify Cuben, Mexicen, Puerto Rican, 1 YES 2 ANO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gri director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Director Corbin Ltd 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 76 James J. Del Sarto Gladys BE Connerty notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Janet Del Sarto Lake Way 10 S. Reisterstown, Md. hours after death. Page 6 may be pe 20e. METHOD OF DISPOSITION

1 X Burial 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Oueen of Heaven Cem. 8-12-93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Road filled in by the fillen, or removal. Brian Powell Eline Funeral Home Reisterstown, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 6 **IMMEDIATE CAUSE (Final** completely filled rial, cremation, or traumatic event, the disease or condition . Acute OpPonART InSUFFICIENCE - Acute resulting in death) executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, and com Turankotte occlusion LAD CORONATI-CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a if any, leading to immediate cause. Enter UNDERLYING Severe CORONARY requires that the death certificate be arterios clerasis. ALL 3 major arteres other t CAUSE (Disease or injury that initiated eventa resulting in death) LAST 6 the atten any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the 1 YES 2 NO 23 shows has been Dept. of h PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1) YES 2 NO 28. PLACE OF OEATH (Check only one) Item certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: raing Home 5 Residence 6 Other (Specify) 6 the 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED marked, this with 5 Pending Investigation 1 Natural 1 YES 2 NO BY After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide TO THE FUNERAL DIRECTOR: At the filed within 72 hours after de IMPORTANT: If item 28 is 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be 4 Homicide ᆸ 29e. CERTIFIER

(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and menner ee stated. COMPL 2
MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 물 물을 alkelo D0208 23 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND AODRESS OF PERSON Simon CALLE WORTH WEST 31. DATE FILED (Month, Day, Year) 12 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

6. BIRTHPLACE (Sta

Illinois

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

White

Md. 21136

Approximata intervai Between

HRS

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 X YES 2 | NO

81

13/93

Onset and Death

Specify:

21136

Illinois

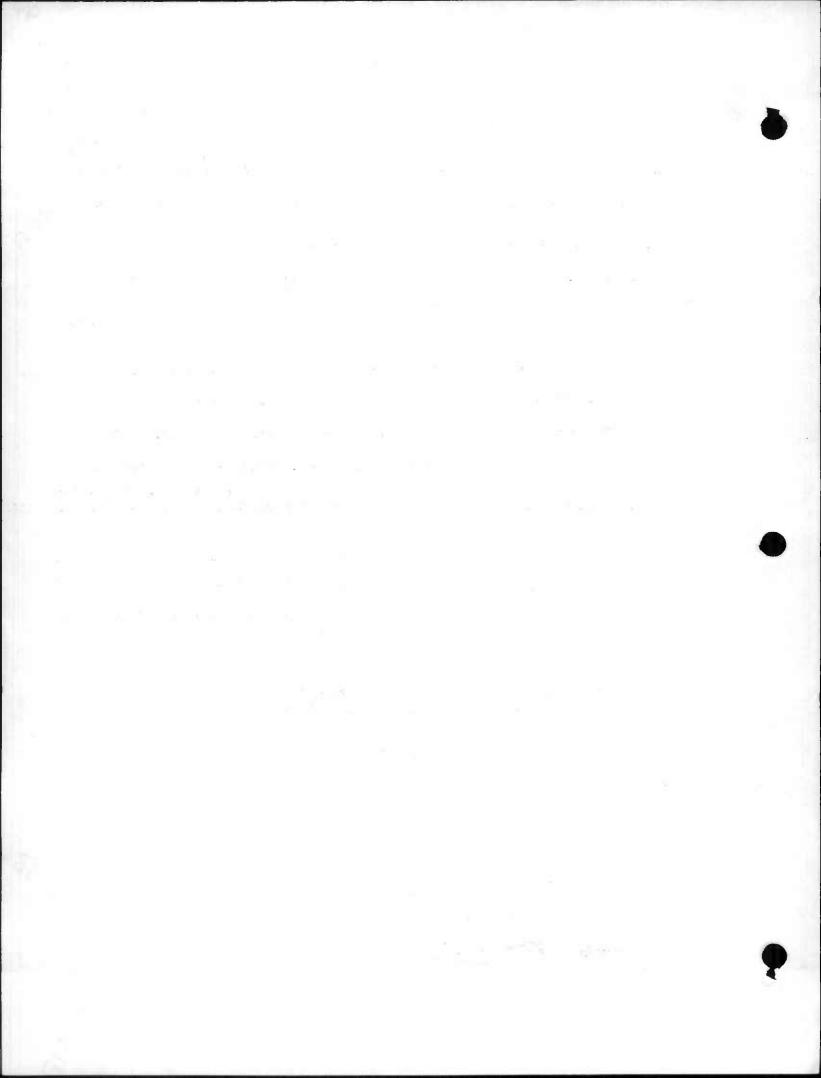
1 - YES 2X- NO

FOR Item: G-702

1. DECEDENT'S NAME (First, Middle, Last)

STATE REGISTRAR

1 -



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death, Page 6 may be retained by the hos	tache	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ITEMS: 27, 28a-f, PER FOR STATE REGISTRAR	MEO FILM G-709 STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIE	VE .	3 2	23486	
	1. DECEDENT'S NAME (First, Middle, Last)	JOSEPH	W.	ERVII	J ID		XAY Y	(EAR	IME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	, JR.	August 8			5:45 p M	
	553-32-4581	1 X M 2 🗆 F	82 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Dec. 15.		Country)	Virginia	
_	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEAT		1000.00	9c. COUNTY OF DEATH				
DIRECTOR	Memorial Hospit	Cumberland				Allegany				
EC	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION				. INSIDE CITY	
		Mineral		Keyser				1 [LIMITS?	
3AL	10e. STREET AND NUMBER	101. ZIP CODE				10g. CITIZE	N OF WHAT	COUNTRY?		
FUNERAL	Rt. 4, Box 351		26726					USA		
	1 Never Married 2 V Married FORCES? 1XXYES		2 NO If yes, specify Cuban, Maxican, Puarte			an, Puarto Rican, etc.)	o Rican, etc.) Black, White, etc.			
ВУ	3 Widowed 4 Divorced WW II & KO					ffy.		Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a, DECEDENT'S (Give kind of w	ork done during i	TION most of working	16b. KIND OF BU	b. KIND OF BUSINESS/INDUSTRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +) Ifte. Do NOT use retired.)				d Crar	Chatas Never			
OM	17. FATHER'S NAME (First, Middle, Last)		Cillel B	Ualswa.		AME (First, Middle, Maide	United States Navy			
BE C	Joseph William	Ervin, Sr.				Katrina Ta	,			
인	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co					ode)				
	Catherine H. Ervin Rt. 4, Box 351 Keyser, WV 26726									
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State 4 Donatton 5 Other (Specify) Arlington National Company of the Place 4 Donatton 5 Other (Specify) Arlington National Company (State Company of the Place 4 Donatton 1 Date 20c. LOCATION - City or Town, State 5 Other (Specify) Arlington National Company (State Company Other Place 5 Other (Specify) Arlington National Company (State Company Other Place 5 Other (Specify) Date Date Date Date 5 Other (Specify) Date Date Date Date Date 5 Other (Specify) Date									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	BAGAN & South									
	23 PART i Enter the diseases or complications that several the death Decretary					26726				
	anock, or heart tailure. List only one cause on each line.							interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Company / Amrt Jankor						į			
	QUE TO (OR AS A CONSEQUENCE OF)									
NO NO	Sequentially list conditions, Due TO IOR AS A COMMUNICIPATE OF IOR									
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING									
E	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CER	resulting in death) LAST									
									E AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	PERFORMED? AMMLABLE PRIOR TO 1 YES 2 XNO COMPLETION OF CAU OF DEATH?							PLETION OF CAUSE		
ME									YES 2 NO	
AN:										
Sic	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 VES 2 NO OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)									
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		IJURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	IED.		
ВУ Р	1-Natural 5 Pending 2 Accident Investigation	INJURY WORK?			FELL WHILE WALKING UP STEPS					
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At home, farm, street, factor building, atc. (Specify)		reet, factory, of	, factory, office 281. LOCA		OCATION (Street and Number or Rural Route Number, by or Town, State)			
ET	HOUSE P.O.						BOX 352 RT.4 KEYER, WV			
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINED: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
8	the same of the sa	On the basis of axamination	enti/or investigation	, in my opinion.						
BE	296. SIGNATURE AND TITLE OF CENTIFIER	().		29c. LICENSE NU D 1786		29d. DATE S				
으	36, HAME AND ADDRESS OF BERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)	D 1/00		1-8-	11-	7.3	
(1		herger-925 S			owland i	MD 21502				

Samue1

31. DATE FILED (MONTH, Day, Year)
AUG 1 3 1993

Dr.

Harshberger-925 Seton Drive-Cumberland, MD

DHMH-18 Rev 1/89

21502

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3	1	rmit. P	
PERMIT	J	sit per	
BALTIMORE, MARYLAND 21215-0020	1.24 hours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1, 2, 3 should

	FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEP/					MENTAL HYGIEI		13	23487
18	1. DECEDENT'S NAME (First,	Middle, Last)	11:04	_						2. DATE OF OEATH	DAY	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMB	-	5. SEX	6, AGE (in	yrs. last birthda	v) IF IMOF	R 1 YEAR	IF IMPE	R 24 HRS.	7. DATE OF BIRTH	0 9	3	IPLACE (State or Foreign
	219-10-79	45	1 M 2 D F	66	YRS	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) July 07	1027	Countr	ta Rica
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF DE			NTY OF D	
DIRECTOR	Mercy Hospi	tal Ce	enter			I	Balt:	imor	re City				
R	10s. STATE	10b. COUNT	Υ			TY, TOWN		TION					10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER				Ва	ltimo							1 YES 2 NO
FUNERAL	THE RESIDENCE THE PROPERTY	1161 Cleveland St.					101	21.	230		U.S		VHAT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME 1 XNover Marriad. 2 № Marriad. 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 □ YES 2 ☑ NO					13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN? (Specify Ye	s or No-	14. RACE	- American Indian, , Whits, stc.
ВУ	1						Specify	/:			white		
Ë		EDENT'S EDU		10	6e. DECEDENT	'S USUAL C	CCUPATIO	ON .	(-)	16b. KIND OF BU	ISINESS/IND		
9	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT	of work done use retired.)	auring mo	ST OF WORK	ng				
COMPLETED	8th				tow mo	tor	pera	_				tion	al Can Co.
	17. FATHER'S NAME (First, MI John G. ELL							1 .	HERS NA Erica	ME (First, Middle, Meider UNKNOW			
BE (19s. INFORMANT'S NAME (7)	ype/Print)			19b, MAILI	NG ADDRES	S (Street a			Route Number, City or Tox		Codel	
2	Ethel Ellio	tt								altimore,		2123	0
	20a. METHOD OF DISPOSITI 1X29urial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	noval from State	20b. PI	LACEANDDAT	EDF DISPO	SITION (Na	ame of		8/14 Ba1	CATION —		The second secon
1 1	21. SIGNATURE OF FUNERAL		CENSEE	7/	10	22.	NAME A	ND AOORE	SS OF FA	CILITY		e, 11	
Ц	Te	esa		5	JA4	7 41	L07 V	Vilke	ens A	AL HOME, I Ave, Balti	more,	MD	21229
	23. PART I. Enter the di ahock, or he	seesea, or eert failure.	complications the	t caused to	he death. Do h line.	not enter	r the mo	de of dy	ing, auci	h aa cerdiec or reap	iratory arr	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	→	. M a so	ive	hem	ent	-/	0 47	ersi	in ham	inte	- N 0	Onset and Deeth
_	•	_	OUE TO	OR AS A CO	ONSEQUENCE	90	The	1,10	Jun				
CERTIFICATION	Sequentielly list conditi if any, leading to immed cause. Enter UNDERLY!	diate	DUETO	IOR AS A.G	DISEQUENCE	OF	- 1	1	. (,	.0		
I I	CAUSE (Disease or Inju- that initiated events		e adusa	(OR AS A CO	ONSEQUENCE	OFE P	ati	c	a	rhos	10		
E	resulting in death) LAS	ı (a chr	nic	· an	ter		he	007	titio			į
5	PART II. Other significan	nt condition	ns contributing to	death but	not regulting	in the co	adad in	A	phon in	Best I are made		L	1
3	asnita	7			Track Palacetters	g 1310 to	ioenymy	2 cidibe	Stader III	PERFO	PMEDY	240.	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	neinun	01								1 TYES	H HO		OF DEATH?
	modely	0000	oeni,	2						_	2		T YES 2V NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1/	MEDICAL	HOSPITAL:			Lemm		ACE OF D	EATH (Ch	scit only one)		_	
YSI	1 ☐ YES 2 Å NO			ER/Outpatio	ent 3 DOA	4 D Nur		e 5 □ R	esidence	€ ☐ Other (Specify)			
	1 Menural 5 1	Pending	28s. DATE OF (Month, D			IME OF NJURY		HK?		26d. DESCRIBE HOW	INJURY OCC	URED	
BY	2 Accident	investigation	28s. PLACE O	F INJURY _	At home, farm	attend for	L SIDES	res z [J NO	THE CONTROL OF	and the control		
ETED		Could not be determined	bullding,	etc. (Specify))		on K. miner			28f. LOCATION (Street City or Town, State	and municier.	or Muner M	OLINE PALITICISE
COMPLET										to the cause(s) and ma			
	29b. SIGNATURE AND TITLE			AMINICIALITO I SI	rid/or investige	tion, in my t	ориноп, а						and manner se stated.
TO BE	Edlemace	110						unlic	prac	+#5921	29d. DATE	SIGNED	(Month, Day, Year)
F	30. NAME AND ADDRESS OF	PERSON WH	ID COMPLETED CAU	SE OF DEATH	H (ITEM 27) (7)	De, Print)	\ al	11!	1/2	-/	0.1	1, 7	
10	31. DATE FILEO (Month, Day,	Yeary)	32. REGISTRA	R'S SIGNATI	URE	OH MI) M	laic	a1)	454ems,	Balt	THE	ore, MI)
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FUNERAL DIRECTOR

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28 Item

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PHYSICIAN: MEDICAL CERTIFICATION

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filled in by the funeral director, page 5 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Dr. Thaddeus Harry Elder Jr. Addeus di 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Forei DAYS 8 X M 2 □ F 67 YRS. 218 20 1970 3/13/26 Washington D 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6999 Beachmont Drive Carroll Sykesville 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Carroll Sykesville 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6999 Beachmont Drive 21784 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or Noif yee, specify Cuben, Maxican, Puerto Rican, stc.)
 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 🔀 Merried 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Medical Doctor Medicine 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thaddeus Harry Elder Vera Sr. 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Winifred W. Elder 6999 Beachmont Drive Sykesville, Md. 21784 20e. METNOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION - City or Town, State TVV Hill Cemetery

Cometery 4 Donation 5 Other (Specify) 8/12 Laurel, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight Funeral Home P.O.Box 195 Sykesville, Md. 21784 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditiona, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury lipidem, DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLAÇE OF DEATH (Check only one) OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA Residence 6 - Other (Specify) 4 - Nursing 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Nomicide CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner es atated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner on stated. 296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

urs after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

signed by the attending physician and completely Health and Mental Hygiene prior to burial, cremati HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIRECTOR: After this certificate has been a hours after death with the State Dept. of H TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HOUNDESTANT: If It

> 31. DATE FILED (Month, Day, Year) 3 1993

32. REGISTHAR'S SIGNATURE Julie Saiden

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print),

296, DATE SIGNED (Month, Oak Year)

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) (ESTHER 2. DATE OF DEATH 3. TIME OF DEATH FRAHM) 8 MRI -9 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 306-20-6979 MONTHS DAYS HOURS Month, Day, Ye 1 M 2 69 INDIANA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO permit. FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4001 OLD COURT RD., APT. 507 21208 USA use as the burial-transit retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIYE WAR OR DATES X 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 84 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried ВҰ Specify 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY lege (1-4 or 5+) ò Elementary/Secondary (0-12) HOUSEWIFE AT HOME detached Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ABRAHAM SPOSEEP funeral director, page 5 should be To **JEANETTE** (UNKNOWN) BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 MAURICE FRAHM APT. 507 2 4001 OLD COURT RD. BALTO., MD 21208 9 200. METHOD OF DISPOSITION within 24 hours after death, Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 4 C Donation 5 C Othe RETH EL MEMORIAL PARK 8/11/93 RANDALLSTOWN, MD examiner 21. SIGNATURE OF 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. removal. 6010 REISTERTOWN RD. 21215 medical filled in by t 23. PART I. Enter the digeases, Enter the distants, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. Approximsta 0 Intervsi Between IMMEDIATE CAUSE (Final Onset and Death attending physician and completely fille intal Hygiene prior to burial, cremation, the disesse or condition arcinoma resulting in death) event, executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST 50 requires that the death this certificate has been signed by the atter with the State Dept, of Health and Mental I injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AMILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: AR! 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: The item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: me 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. DEȘCRIBE HOW INJURY OCCUREO marked, 1 Natural 2 Accident 5 Pending Investigation DIRECTOR: After the hours after death with them 28 is mark м 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner se stated. TO THE FUNERAL DY be filed within 72 hc 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. SUBMAPURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) B 물목물 1926 8 2 AL AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ph 32. REGISTRAR'S SIGNATURE 6

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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					_	218			TED	STAT	
MARITAL STATUS Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V						C ORIGIN? (Specify Yo., Puerto Rican, etc.)	s or No	14. RACE Black	E — America k, White, etc.	n Indian,
Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		1 TYES	2XXNO	Specify:			BL.	KCV	
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(Specify only highest grade	completed)		(Give kind of v	work done during mo	ist of working	,	10-1-10-1				
Elementary/Secondary (0-12) 12 th	College (1-4 or 5	+)					C.D.	DENS	ION		
FATHER'S NAME (First, Middle, Last)					18, MOTH	ER'S NAM	E (First, Michilla Mairla	n Sumame)			
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. INFORMANT'S NAME (Type/Print)	-11		19b. MAILING	ADDRESS (Street A				wn, State 2	Zio Code)		
										MAD	046
METHOD OF DISPOSITION		20h Pl A				21					212
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EXAMINER?	HOSPITAL:				ACE OF DE	ATH (Chec	ck only one)				
	1 Inpatient 2			4 - Nursing Hom							
MANNER OF DEATH	26s. DATE OF (Month, L	ay, Year)	26b. TIM	IURY WO	ORK?		28d. DESCRIBE HOW	INJURY O	CCURED		
Accident Investigation	1,221										
Suicide 6 Could not be	28e. PLACE (building,	of INJURY — A atc. (Specify)	it homa, farm, i	street, factory, offic	•				er or Runal F	Poute Number	:
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SIGNATURE AND TITLE OF CENTIFIE	. // .	1			29c, LICE	NSE NUME	BER	29d. D/	TE SIGNED	(Month, Day,	Year)
Wanter	egall	~			0	C.M.	Ε.	•	08 1	1 19	93
NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)		V 8 11	ALIA	_	00 !	1 1 1	13
NAME AND ADDRESS OF THE OWNER, WHEN THE PARTY OF THE PART			(a.) (.)p.a.								
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MEDIATE CAUSE (Final sease or condition) uiting in death) DUE TO (OR AS A CONSEQUENCE Of the cause of t	ATHER'S NAME (First, Middle, Lest) ERBERT FRAZIER INFORMANT'S NAME (Type/Print) I ANE JACKSON METHOD or disposition Buriel 2 dremation 3 Removel from State Donatine of Uneral Service Licrosee 20b.PLACE AND DATE OF DISPOSITION (No. organizing annumber of uther place) PART I. Enter the diseases, or complications that caused the death. Do not enter the moss shock, or heart failure. List only one cause on each line. MEDIATE CAUSE (Final service Licrosee 122. NAME AN WM. PART I. Enter the diseases, or complications that caused the death. Do not enter the moss shock, or heart failure. List only one cause on each line. MEDIATE CAUSE (Final sease or conditions, my, leading to immediate sea. Enter UNDERLYING JSE (Disease or injury to intition death) DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. TI II. 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State Copolary, commission of properties of the propertie	TARREST SAME (First, Micdie, Last) ERBERT FRAZIER DOROTHY COMMORDORE IS MAILING ADDRESS (Series and Number or Rural Route Number, City or Town, Stells) DOROTHY COMMORDORE INFORMATIS MAILE (First, Micdie, Maiden Surname) DOROTHY COMMORDORE IS MAILING ADDRESS (Series and Number or Rural Route Number, City or Town, Stells) DOROTHY COMMORDORE INFORMATIS MAIL (First, Micdie, Last) INFORMATIS MAIL (First, Micdie, Last) INFORMATIS MAIL (First, Micdie, Maiden Surname) DOROTHY COMMORDORE INFORMATIS MAIL (First, Micdie, Maiden Surname) DOROTHY COMMORDORE INFORMATIS MAIL (First, Micdie, Maiden Surname) DOROTHY COMMORDORE INFORMATIS MAIL (First, Micdie, Maiden Surname) DOROTHY COMMORDORE INFORMATIS MAIL (First, Micdie, Maiden Surname) DOROTHY COMMORDORE INFORMATIS MAIL (First, Micdie, Maiden Surname) DOROTHY COMMORDORE INFORMATIS MAIL (First, Micdie, Maiden Surname) DOROTHY COMMORDORE DOROTHY COMMORD

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-training be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.	atic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CEF	RITE	CATE OF	DEATH	REC	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH DAY	2000 4 00	3. TIME OF DEATH
	ALBERT B.	. K. I	TUCHS					9, 199	YEAR	5:10 PM
	4, SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last be		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	8. BIRT	IPLACE (State or Foreign
	141-18-2236	1 🔀 M 2 🗌 F	72	YRS.	MONTHS DAYS	HOURS MIN.	3-8-1		Count	Germany
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8	St. Agnes Hosp	oital			Ba1	timore				
Ĕ	RESIDENCE OF DECEDENT				241	CIMOIC				
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY
ā	Maryland I	Baltimore			Baltimo	re			1 YES 2 NO	
A	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	530 Hilton Aver	nue				212	28		U.S	. A .
3	11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. ARME	D	13. WAS DEC	ENDENT OF HISP	NIC ORIGIN? (Spec	ify Yee or No —		E — American Indian, k, White, etc.
	1 Never Merried 2 Merried FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES				If yes, sp	ecify Cuban, Mexi- 2X NO Spec	en, Puerto Rican, e	tc.)	Spec	
BY	3 Widowed 4 Divorced	55 24 Western				TAL OPER	.,.		Spec	"White
8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION COMPLETE	16a. DECE	DENT'S U	SUAL OCCUPATION OF MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAIN	ON	16b. KIND	OF BUSINESS/II	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use	retired.)	st or working				
를		4	Con	trac	t Negot	iator	Fee	deral (over	nment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, A	Aeiden Sumeme)		
BE (Albert B. K.	Fuchs				Ne	llie	Gauhs		
	19e. INFORMANT'S NAME (Type/Print)		19b. k	AILING A	DDRESS (Street e	nd Number or Rura	Route Number, City	or Town, State, 2	ip Code)	
2	Ethel C. Fuchs						timore, l			228
	20e. METHOD OF DISPOSITION	av100-202	20b. PLACE AND	DATEOR	DISPOSITION (Na	ma of		Oc. LOCATION -		
	1 X Burial 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Specify)	wal from State	Baltime	tory or oth	Nationa		-13-93			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENGEE								
	NOON 7	tail 1	nance	-	Sterl	ing Ash	con Fune:	ral Hom	e, I	nc.
_	+tillys X4									Md. 21228
	23. PART i. Enter the diseases, pr cr shock, pr heart feliure. L	omplications that o	aused the daett	n. Do no	t entar the mo	da of dying, su	ch ss cardiac or	respiratory s	rreat,	Approximate
Į	IMMEDIATE CAUSE (Final	-								interval Between Onset and Death
}	disesse or condition resulting in death)	DUE TO (O	diomi	100	dthy					
	,	DUE TO (O	R AS A CONSECUTE	NCE OF	0					
Z	Sequentially list conditions,	Ische Due to 10	mic 1	ted	it C	iseds	2			
CERTIFICATION	If any, leading to immediate	DUE TO (O	R AS A CONSEQUE	NCE OF)						
2	CAUSE (Disease or injury									
	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUE	INCE OF):						
5	d									
	PART II. Other significant conditions	contributing to de	ath but not read	ulting in	tha underlying	cause given i	Part i 24a W	RS AN AUTOPSY	245	WERE AUTOPSY FINDINGS
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Σ							—			1 TES 2 NO
Ž I										
o l	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL	ACE OF DEATH (C	heck only one)			
	1 TYES 2 NO	1 Inpatient 2 E				o 5 ☐ Residence	8 - Other (Specif	y)		
YS				6b. TIME		URY AT RK?	28d. DESCRIBE	HOW INJURY O	CURED	
PHYS	27. MANNER OF DEATH	26s. DATE OF IN. (Month, Day,	re-err)		M 1 7	ES 2 NO	1			
BY PHYSICIAN:		(Month, Day,	. 4-2							
à	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day,	NJURY — At home,	ferm, str			26f. LOCATION (S	Street and Number State)	or or Rural I	Boute Number,
à	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	(Month, Day,	NJURY — At home,	, ferm, str			26f. LOCATION (: City or Town,	Street end Numbe State)	or or Rural I	Route Number,
à	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	(Month, Day, 28e. PLACE OF II building, etc	NJURY — At home, . (Specify)		eet, factory, office		City or Town,	State)		Route Number,
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Pages 1, 2, 3 should

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	1 - STATE REGISTRAR	STATE OF	WARYLAND	/ DEPAR Certif	TMEN	T OF H	DEA	AND !	MENTAL HYGIEN			
	1. DECEDENT'S Prode (First Middle Foot) Arthur C. Fil	lliaux					DLA		2. DATE OF DEATH	" "9:3	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-07-4780 A	5. SEX 1 (M 2 F	6. AGE (In yrs. 84	lest birthday) YRS.	IF UNDI	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH 1 (Month, Pek Year) 1 0 - 1 6 - 1	908	6. BIRTH	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give Francis Scott I	Ctr.			n, rown c			АТН		LTO		
DIRECTOR	100. STATE 100. COUNT Md. Bal	10c CITY, TOWN OR LOCATION Baltimore -Eas					East	tpoint		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
THE	100. STREET AND NUMBER 7200 Fait Avenu	ıe				101	2122	E	·		TIZEN OF W	HAT COUNTRY?
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	XXYES 2	NO	13	If yea, sp	ENDENT Cooling Cubic	in, Maxica	NC ORIGIN? (Specify Yen, Puerto Rican, atc.)	a or No—	14. RACE Black Speck Whi	— American Indian, , White, atc. ly: te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5		DECEDENT'S (Give kind of side. Do NOT us	work done se retired.	during mo	st of workii	ng	16b. KIND OF BU			
John Filliaux Sophie Deams 19a. INFORMANT'S NAME (Type/Print) Helen M. Filliaux 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7200 Fait Ave., Balto., Md. 21224												
	20g. METHOD OF DISPOSITION 1 🖾 Burlel 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	Oak	cremetory or o	ther plece	mete	rv	8-	-12-98	CATION - Balt	O M	vn, Stata	
	21. SIGNATURE OF UNERAL SERVICE LI	CENSEE Edis	on M.	Perk 0083	in ²²	NAME AN	adle	SS OF FAC	shton Fu	ner	a 1 H	ome, Inc.
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceu	t caused the use on each $\mathbb{E}PS$	ne.	not ente	r the mo	de of dy	ing, suci	h as cardlec or reap	iratory a	rreat,	Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bU	(OR AS A CONS (OR AS A CONS	24 -	12	ACT	- /	NF	507701	V		
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	cDUE TO	(OR AS A CONS	SEQUENCE OF	F):							
BY PHYSICIAN: MEDICAL C	PART II. Other significent condition	A L Z 1/2	deeth but no	t resulting	in the u	nderlying MSA	cause of	given in	Part I. 24a. WAS AN PERFO	RMEO?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 X No	R:			6 Other (Specify)			
ву рну	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. OATE OF (Month, D	INJURY ay, Year)	28b. TIM		28c. INJI	URY AT		28d. OESCRIBE HOW	INJURY OC	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE O building,	F INJURY — At atc. (Specify)	home, term, a	itreet, fac	ctory, office			26f. LOCATION (Street City or Town, State	and Numbe	er or Rural A	oute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS one) 2 MEDICAL EXAMINE	ICIAN: To the best of a	my knowledge, camination and/o	death occurre	nd at the	time, data opinion, de	and place,	and dua	to the cause(s) and ma	nner aa ate	sted. the cause(s)	and manner as stated.
BEO	286, SIGNATURE AND TITLE OF CENTIFIE						29c. LICE	NSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)

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> 29c. LICENSE NUMBER 2520

29d. DATE SIGNED (Month, Day, 8

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day,

32. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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SAMARITAN

93 23494 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DECEDENT'S NAME (First, Middle, Raymond Galloway, 3. TIME OF DEATH MOY wa 8/11/93 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 2/25/1943 4 1 Z M 2 - F 50 VIRGINIA W. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Good Samaritan Hospital Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND TYPES 2 | NO BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2100 ALLENDALE ROAD 21216 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) be notified at once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) JOHN ROOSEVELT MARIAN FRENCH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOYCE GALLOWAY 2100 ALLENDALE ROAD BALTIMORE, MD 21216 20e. METHOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Removal from State

4 Donation 3 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Lakeview Memorial Park Sykesville, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 medicai 23. PART Lenter the disesses or complications that saused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, anock, or heert failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition ardiopulmonar resulting in death) marked, or item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Sepsis
DUE TO (OR AS A CONSEQUENCE OF): BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Cerebrovascular accide CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 HO 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 COMPLETED 6 Could not be 4 Homicide IMPORTANT: If Item 28 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 ___ MEDICAL_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MD 93

HOSPITAL

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

HEGISTRAH				-1111				2 DATE	F DEATH			3. TIME OF DEATH	
1. DECEDENT'S NAME (First, Middle, Las	Bluett	Christ	onh	er G	ree	n	Sr	Augu		12,	ו ממא		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les					R 24 HRS.	7. DATE C	_	12,	-	HPLACE (State or Foreig	
214-03-1195	1 X M 2 □ F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	2/20	/12	Count	cansas	
9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. CO	UNTY OF D	DEATH	
Medbridge					Ros	eda:	le			В	alti	more	
10e. STATE 10b. COUN	ITY		10c. CIT	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY	
Maryland Baltimore								у На	11	1 WES 2 X			
4016 Klausmier Road					101	, ZIP COD	212	236		10g. C	10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 N	10	912	If yes, sp	ecity Cube	an, Maxica	NIC ORIGINS in, Puerto R y:	(Specify lcan, etc.)	fes or No—	14. RACI Blac Spec	E — American Indian, k, White, atc.	
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15. DECEDENT'S EI (Specify only highest gra	DUCATION de completed)	16e. DE	CEDENT'S	work done	CCUPATIO	ON ast of worki	na	16b.	KIND OF	USINESS/II	NDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +	•)		ervi					leat.	Pac	king	Company	
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19a. INFORMANT'S NAME (Type/Print)	T. OFEED		h MAN MA	2 ADDRES	0 (04	and Atront		Poute Number				Ittman	
The second of the second											.,,	01006	
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20a. METHOD OF DISPOSITION 1	emoval from State	20b.PLACE/ cernetery.cre Metr	matory or o	of DISPOS other place) rema	tor	y, I	nc.	8/13	20c.	Balt		e, MD	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE MA	1/1		22.	NAME A	ND ADDRE	SS OF FA	CILITY					
	C. /	Congre		l C	rem	atic		OCLE	LV	OI M	D	Inc.	
George E 23. PART I. Enter the diseases, o ahock, or heart fellum IMMEDIATE CAUSE (Final disease or condition resulting in death)	MacNab r complications that b. List only one cau	t caused the de	900	not enter		Fre	deri	ick F	Road	Bal	to.,	Approximata Interval Betwo	
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BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nift. Pages 1, 2, 3 should

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FOR STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH e) 13 A SOCIAL SECURITY 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MIN 25 2/, Il-transit permit. Pages 1, 2, 3 should ML CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10b. COUNTY Me. CITY 10d. INSIDE CITY LIMITS? 1 YES 2 NO FUNERAL CODE WHAT COUNTRY? 10a. CITIZEN OF 12 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yee, specify Cuben, Mexican, Puerto Ricen, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 11. MARITAL STATUS 14. RACE American in If yee, specify Cuben, Mexican, Puerto Ri

1 YES 2 NO Specify: 1 Nevgz Married 2 Merried BY IF YES, GIVE WAR OR DATES 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) once. AME (First, Middle, Last) Maidin Sumame) NAME (First, Middle. 듇 BE notified 2 Or pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nat must 20c. LOCATION 2 🗆 netion 3 - Removal from State 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, **Approximata** shock, or haart fallure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** traumatic event, the disease or condition resulting in death) Myocardial Infarct HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 days DUE TO (OR AS A CONSEQUENCE OF): Coronary Atherosclerosis Years CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician a Dept. of Health and Mental Hygiene prior to 1.23 shows any injury, or other traum If any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE Prostatic Adenocarcinoma with metastases 1 X YES 2 - NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State HOSPITAL:
1 inpatient 2 ER/Outpatient 3 DOA OTHER 1 YES 2 NO se 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1X Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 90 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 28 MPORTANT: If item 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 29d. DATE SIGNED (Month, Day, Year) 분 D08949 6 8/11/93 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS OF PERSON Bert F. MOrton. M. St. Agnes Hospital 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE riha Davidson 2 1003

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR
1	_	STATE
u	_	REGISTRAR

	1 - STATE REGISTRAR		MARYLAND / D CEF		ICATE (MENIAL	REG. NO.	-			
1	1. DECEDENT'S NAME (First, Middle, Last)		CD.	201				2. DATE O	F DEATH DA	Υ.	YEAR 3. T	IME OF DEATH	
m	ELS TE					RIMM				AUGUST 9,1993			
		5. SEX 1 □ M 2 □ F	6. AGE (In yrs. last bi	rthday) YRS.	MONTHS DA	_	IF UNDER 24 HRS.	7. DATE 0 (Month,	F BIRTH Day, Year)		8. BIRTHPLAC Country)	E (State or Foreig	
	214-22-1732 9a. FACILITY NAME (If not institution, give:	XX	91	THO,	AL OUTY TO	12:02			1902	100 - 100	MARY		
						LOCATION OF I	DEATH			NTY OF DEATH			
2	RESIDENCE OF DECEDENT	ER LOVE CARE HOME					E			DOR	CHESTE	R	
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN OR L	OCATIO	N				10d.	INSIDE CITY LIMITS?	
- 1		RCHESTER		CAM	BRIDGE							YES 2 NO	
PUNEHAL	100. STREET AND NUMBER 409 ATLANTIC AV		101. ZIP CODE 2 16 13							S.A.	COUNTRY?		
5	11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. ARME	D	13. WAS	DECEN	DENT OF HISP	ANIC ORIGIN?	(Specify Yes	or No-	14. RACE — A Black, Wh	merican Indian,	
	2 Widowed 4 Divorced		WAR OR DATES		1 🗆	YES 2	NO Spec	elfy:	our, etc.,		Specify:		
	16. DECEDENT'S EDU	JCATION	16a DECE	DENT'S	USUAL OCCU	DATION		165	KIND OF BUS	MESS (NA		LTE	
	(Specify only highest grade Elementary/Secondary (0-12)	e completed)	(Give	kind of v	vork done durin e retired.)		of working	100.	OND OF BUS	HAE 99/IMI	USTRT		
COMPLEIED	Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER OWN HOME												
Š	17. FATHER'S NAME (First, Middle, Last)		1.5107115			1	IS. MOTHER'S N	AME (First, Mi			MIC		
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	WILLIAM RUSSELL MILLS 1400 GLASGOW STREET, CAMBRIDGE, MARYLAND 21613												
	20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complete y control of complete y control of complete y control of the complete y control of the complete y control of the complete y control of the complete y control of the complete y control of the complete y control of the complete y control of the complete y control of the co												
	4 Donation 5 Other (Specify)		LOUDON	PARI				12/93	BAL	LTIMORE, MARYLAND			
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	21/		LER	5YND	M. &	RUSSEL	L C.	WITZ	KE FUNI	ERAL HO	
	22. NAME AND ADDRESS OF FACILITY LE ROY M. & RUSSELL C. WITZKE FUNERAL HOM 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter-the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
CERTIFICATION	disease or condition a									>			
ERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEQUE	CONSEQUENCE OF):									
	PART II. Other algnificant condition	na contributing to	death but not resi	ultina i	n the under	lvina c	ause given i	n Part i	24- WAS AN	ALITOPRY	245 WED	E AUTODOV CIND	
MEDICAL												LABLE PRIOR TO PLETION OF CAU EATH?	
								-			1 1 1	YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL				2	6. PLAC	E OF DEATH (C	check only one					
	EXAMINER?	HOSPITAL:	ER/Outpatient 3	OTHER:									
	27. MANNER OF DEATH	26a. DATE OF		Bb. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED						CURED			
	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, remi)	INJ	M 1	WORK							
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A1 home, farm, street, factory, office 28f. LoCation (Street and Number or Rural Route Number, Cliv or Town State)										Number,	
COMPLE			my knowledge, death										
3	296_SIGNATURE AND TITLE OF CERTIFIE		xamination and/or inve	stigatio	n, in my opink	-	2		nd place, and				
TO BE	Just .	ash	ingti	n			DC. LIDENSE NU	31/0	8	29d. DAT	8 S	1. Dey Year)	
.	30. NAME AND ADDRESS OF PERSON WI	5 GOO CA	SE OF OEATH STEM 2	S S	Bin	-4	St		- 6	11	1	MI	
	31. DATE FILEO (Month, Day, Your)	2/10/10/10	AR'S SIGNATURE		+ XC	7	0,7,	a	mil	M	e le	N	

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY FUNERAL DIRECTOR

may be retained by the hosp	tor, page 5 should be detache	ust be notified at once.
4 Nours after death. Page	filled in by the funeral direction. or removal.	ne medical examiner m
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mayrs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a single within 70 hours after death with the State Dent of Health and Mental Hydiene prior to build cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
G PHYSICIAN; The law requires that t	er this certificate has been signed by the with the State Dent of Health and	narked, or Item 23 shows any I.
TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR; After the filed within 72 hours after dea	IMPORTANT: If Item 28 Is m

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL H	IYGIENE
CERTIFICATE OF DEATH	F	REG. NO.

FOR 1 - STATE REGISTRAR	STATE	OF MARYL	AND / DEPAR		OF HEALT		MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Mic	ddle, Last)						2. DATE O	F DEATH			3. TIME OF DEATH
HOWARD	F.		GRIFFIN				08	- 11 DAY		YEAR	2:20 P.M
4. SOCIAL SECURITY NUMBER	5. SEX		in yrs. lasi birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE O	F BIRTH Day, Year)		6. BIRTH	IPLACE (State or Foreign
220-32-8557	1XXM 2		84 YRS.	MONTHS	DAYS	Milit.		-12-09			RYLAND
9s. FACILITY NAME (If not institu				9b. CITY, 1	TOWN OR LOCA	TION OF DE	EATH		9c. COU	NTY OF D	EATH
JAMES LAWRENCE	CE KERNAN	HOSPITA	L	BA	LTIMOR	E					
10e. STATE 10	b. COUNTY		10c. CIT	Y, TOWN OF	LOCATION						10d. INSIDE CITY LIMITS?
MARYLAND	BALTIMOR	E		ARBU							1 TES 2 NO
10e. STREET AND NUMBER					101. ZIP CC				10g. CITI	ZEN OF V	WHAT COUNTRY?
12.18 ELMRIDGE AVENUE 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yee or No											
1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify, Cuben, Mexicen, Puerto Rican, etc.) FORCES? 1 YES 2 NO If yes, specify, Cuben, Mexicen, Puerto Rican, etc.) Black, White, Specify: Specify:										k, White, etc.	
	ENT'S EDUCATION phest grade completed)		16e. DECEDENT'S		CUPATION iring most of wor	kina	16b.	KINO OF BUSI	NESS/INC	USTRY	
Elementary/Secondary (0-12)	1	-4 or 5 +)	life. Do NOT us	se retired.)				EDUC A	TTON		
	5+		SCH00	L TEA				EDUCA'	-		
17. FATHER'S NAME (First, Middle	10.55				2010			iddle, Maiden S			
WILLIAM M. 19e. INFORMANT'S NAME (Types			19h MAII ING	ADDRESS	(Street and Numi			TINGH		Code)	
CHARLOTTE R.		(WIFE)			DGE AV						
20e. METHOD OF DISPOSITION		200	o. PLACE OF DISPOS other place)								own, State
4 Donation 5 Other (Sp	eclfy)	S	T. JOHN'					ELLI	COTT	CIT	Y, MARYLAND
21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE	111	11 1	22. N LE	ROY M.	RESS OF FA	ISSELT	. C. W	TTZK	E FII	NERAL HOMES
* K.	10:0	N.J.	KL								, MD. 21228
23. PART I. Enter the dise	eses, or complication										Approximsta Interval Batween
IMMEDIATE CAUSE (Final	t lendle. List only t	na cause on e	acroma.								Onset and Death
disessa or condition reaulting in death)			MYOCARDI.		FARCTI	ON					24 HRS.
			E HEART		DF						24 1100
Sequantially list condition if any, leading to immedia	8,		CONSEQUENCE O		NE.						24 HRS.
cause. Entar UNDERLYING		IGURIC :	RENAL FA	ILURE							24 HRS.
CAUSE (Disease or injury that initiated events		DUE TO (OR AS A	CONSEQUENCE O	F):							
resulting in death) LAST	d										
PART II. Other significant	conditione contribu	ting to death b	out not resulting	In the unc	lerlying caus	e given in	Part I.	24s. WAS AN /		248	b. WERE AUTOPSY FINDINGS
S/P R TOTAL	HIP REPLA	CEMENT	8/9/93					PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
77		ODITER!	4 77 73					1 129 2	_ NO		OF DEATH?
25. WAS CASE REFERRED TO N					26. PLACE OF	OEATH (C	heck only one)			
1 TYES 2 NO	HOSPIT 1 (Alinpati		patient 3 🗆 DOA	4 Nursi	: Ing Home 5 □	Reeldence	8 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 Natural 5 Per		DATE OF INJURY		JURY	28c. INJURY AT WORK?	/T :::	28d. DEŞ	CRIBE HOW IN	JURY OC	CURED	
2 Accident Inv	estigation	LACE OF INJUR	r — At home, farm,	D6PM		NO NO	281 1.004	TION (Street o	nd Numbe	e or Primi	Pouts Number
	uld not be	pullding, atc. (Spe	HOSPITA		ry, office		City o	r Town, State)		ARYL	
one)	ring PHYSICIAN: To the								ner ee sta	ted.	
(29b. BIGNATURE AND TITLE OF		PRIS OF EXAMINATION	n end/or investigati	on, in my op		ICENSE NU		end plece, end			(e) and menner ee stated. D (Month, Day, Year)
Sew 17	5 Dec	20 g.			Z	163	325	ó	•	8-1	1-93
30 NAME AND ADDRESS OF P	ERSON WHO COMPLET	ED CAUSE OF DE	_	,	1. T.	1.1511	11.	L.	/	4.4	710115
31. DATE FILED (Month, Day, Yea) 32 R	EGISTRAR'S SIG		>14	sulor	14411	Low	210	<u> </u>	ZV	21045
AUG 1 3 190	3 Solie		Pandelle								
								_			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The first page of the state begins of Health and Mental Hygiene prior to burial, cremitation, or principle.
IMPORTANT: 11 MOIN SO IN HIGH CO. OF HOME AND SOUTH STREET, OF OTHER HEADINGS CANTILLES THAT DE NOTHING STONES

	1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN											3. TIME OF DEATN				
	JANE	S	3.	НС	HOUSE					August 8, 1993 YEAR 10:20 A						
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF B	HRTN	277	B. BIRTH	IPLACE (State or Foreign		
	220-10-723	8	1 🗆 M 2 💢 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct 22	(, Year)	19	WV	ליר		
_	9a. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY	, TOWN (OR LOCATI	ON OF DE		,		INTY OF O	EATN		
8	Memorial Ho	spital	& Medic	al Cent	er	(Cumb	erla	nd			A116	egany	7		
5	RESIDENCE OF DEC				_											
DIRECTOR	10e. STATE	10b. COUNTY			10c. C/1	Y, TOWN		LION						10d. INSIDE CITY LIMITS?		
	WV 10e. STREET AND NUMBER	Mı	neral			Key	ser							1 TYES 2 NO		
FUNERAL		250 T	1 t D				101	I. ZIP COD	_			_		VHAT COUNTRY?		
N N	Rt 4, Box	230 L						267					J.S.A			
	1 Never Married 2 📉	Married		YES 2 X	RMED NO		If yes, sp	ecify Cube	ın, Mexicar	IC ORIGIN? (Sp n, Puerto Rican	ecify Yes , etc.)	or No-	14. RACE Black	— American Indian, k, White, etc.		
В	3 Widowed 4 Divo	rced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 (X) NO	Specify	*			Speci	#y: ite		
8	15. DEC	EDENT'S EDUC	CATION	16a. C	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	D OF BUS	INESS/IN		irce		
ii.	Elementary/Secondary (0	highest grade	College (1-4 or 5		Give kind of le. Do NOT u	work done se retired.}	during mo	st of worki	ng							
린	12				amstr	cess				Se	lf-E	Emplo	yed			
COMPLETED	17. FATNER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NAI	ME (First, Middle	, Maiden	Surname)				
BE (Domenick	Spano			_			Fra	nces	To	mair	10				
2	19a. INFORMANT'S NAME (7			1	96. MAILING					loute Number, C						
	Charles B.		Jr.	R	t 4	Box	250	Lir	ıden	Drive	Key	ser,	WV	26726		
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	20b. PLACE cemetery, c	AND DATE	OF DISPOS	SITION (Na	ame of		OATE			City or To	- 1255		
	4 Donetion 5 C Other		A (Potoma	ic Memo	orial	Garde	ens A	Aug 11	, 1993	Ke	yser,	WV 2	26726		
	21. MAME AND ADDRESS OF FACILITY Rotruck-Smith Funeral Home															
	Alice	in Ka	de										r WI	7 26726		
	PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate															
1	shock, or heart fellure. List only one cache on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OSSILLO WORK IN SWING															
disease or condition resulting in death)									14 S	ent	Khi.	Sn	Carrelli State Silvini			
	resenting in death)		OUE TO	(OR AS A CONS	EOUENCE O	F):	1)		0						
Z	Commentally lies are dist			dva	NCO	2		a	(1	et ar						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate															
5	CAUSE (Disease or Inju		100	100 10 1000	numum d	17>	S	V	17							
Ë	that initiated events resulting in death) LAS	т	0010	OUE TO (OR AS A CONSEQUENCE OF)								22 000 00				
Ü		-		14	TIVU CO OT 1											
A	PART II. Other significa	nt condition	s contributing to	death but not	resulting	In the ur	derlying	g cause g	given in i	Part i. 24a.	WAS AN		24b.	WERE AUTOPSY FINDINGS		
MEDICAL								- (_ 1	YES 2	-		AWAILABLE PRIOR TO COMPLETION OF CAUSE		
			_									7		OF DEATH? 1 YES 2 NO		
- 11																
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATH (Che	ck only one)						
Š	1 TYES 2 KNO		1 Minpatient 2	ER/Outpatient	3 🗆 DOA	4 Nur		e 5 🗆 Re	eldenca	6 Other (Spe	ecify)					
E	27. MANNER OF DEATH		28s. DATE OF (Month, D		28b. TIM	IE OF	28c, INJ	URY AT		28d. OEŞCRIB	E HOW IN	JURY OC	CURED			
BY	1 Netural 5 🗆			М		YES 2	NO									
		Could not be	28a. PLACE O building.	F INJURY — Al h etc. (Specify)	ome, farm,	street, fact	ory, office	•		28f. LOCATION City or Tox	(Street a	nd Number	r or Rural F	loute Number,		
<u> </u>		a de l'immed														
COMPLETED			CIAN: To the best of													
Š I	one) 2 [MEDI	CAL EXAMINE	R: On the basis of e	xamination and/or	Investigation	on, in my o	pinion, d	eath occur	red at the t	time, date and	place, end	due to the	he cause(s) end manner es stated.		
E E	296 SIGNATURE AND TITLE	OF CERTIFIER	$\overline{}$					29c. LICE	ENSE NUM	BER	T	29d. DAT	4 synfep	(Mary, Year)		
2	-		1					D2	3371			>	8/	193		
- 1	30. NAME AND ADDRESS OF								0 1	L 1 ·	1 10	D	2150			
	Dr. Q. Zamar		ohnson He		medic.	a⊥ Bi	ulld	ing	Cum	berlan	a, M	ν.	2150			
1	AUG 1 3 1			R'S SIGNATURE	A 82											
CO	HUU L 3 E	77.7	2 hann minist	or me - Marian	-											

ITEMS: 23 PART I, 27, PER MEO G-702 8/12/93 t.t

93 23500

93-4764-510 blh

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CE			OF DE		MENTA	REG. NO	C		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH		13	, TIME OF DEATH
	Robert		Ц			MONTH DAY YEAR 0.8 0.4 1993 1345						
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	pe birthday)	IF UNDER 1	YEAR IF UNI	ER 24 HRS.	7. DATE OF BIRTH				1345 M
~		1 🛛 M 2 🗆 F	36	YRS.	MONTHS	DAYS HOUR		(Mont	h, Day, Year)	- 1	Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give :	street and number)	30		01 0077				9-57		MD.	
œ						TOWN OR LOCA		EATH		9c. COUNT	TY OF DEA	TH .
2	Bon Secours H	<u>ospital</u>			Ba	ltimo	re					
<u>n</u>	10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OF	LLOCATION					T	Od. INSIDE CITY
DIRECTOR	md.			1	2 Al	1	0					LIMITS?
	10e. STREET AND NUMBER			1)//h	101, ZIP CO				to- CITIZ	TN 05 Wh	AT COUNTRY?
FUNERAL	29 N. BENTALOU STREE	Г				2122				109.0112.		AI COUNTRY?
ž	11. MADITAL STATUS		IT EVER IN U.S. ARI	MEO	12 W	AS DECENDENT		NIC OBION	10 (0 14 · V ·	4	20	
	1 Nover Married 2 Married	FORCES? 1	YES 2 N	0	11	yes, specify Cu	ban Mexico	an, Puerto	Rican, etc.)	or No-	Black,	– American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF TES, GIVE T	WH OH DATES		1	YES 2 1	O Speci	ήγ:			Specify:	Diack.
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATION		16b	. KIND OF BU	SINESS/INDU	STRY	BLACE
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	17m	ve kind of t Do NOT ut	work done du se retired.)	ring most of wo	king					
릴	12			Kit	chen	He	1000					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MC	THER'S NA	AME (First)	Middle, Maiden	Sumamal		
EC	Robert	< R.	Ivel				- TI		T	140	0	
ω	19a. INFORMANT'S NAME (Type/Print)	J. 13 C	196	MAILING	ADDRESS	Street and Numi	e S Promi	Bouds Muse	has City as Tour	701		
2	EsThon J	Hope	-7	0	AT Q	25/1	or or norm	CT	PATT	rr, State, Zip C	000)	-17
	20g. METHOD OF DISPOSITION	770	20b. PLACE A	MDDATE	OF DISPOSIT	COVER	M	37.	DAMIA	CATION - CI	1424	21223
	20a. METHOD OF DISPOSITION 1 Daurial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, crer		ther place)	TON (Name of		DAT	200.10	CATION = CI	ty or Town	n, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIN	ENSES		1711	22. N	AME AND ADD	FSS OF F	84/1-	DLa	rschor	Nin	ma.
	1//	1110	1/				-	63	8 N. G.	mong	3h -	21217
	MAN	/101			\mathcal{A}	Ibert	PU	NYL	ie M	MON	CIA	N
	23. PART i. Entar tha diseases, or shock, or heart failure.	complications the	t caused the day	nth. Do r	not antar t	ha moda of o	lying, suc	ch as card	diac or reap	ratory arres	st,	Approximate
	IMMEDIATE CAUSE (Final	0										interval Between Onset and Death
	disease or condition reaulting in death)	. ATHEROSCL	EROTIC CAR	RDIOVA	ASCULAR	DISEASI						
		DUE TO	(OR AS A CONSEO	UENCE O	F):							
Z	Sequentially list conditions,	b										
CERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE O	F):							
2	CAUSE (Disease or injury	с										
<u></u>	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE O	F):							
E	Tosaiding in dastily EAST	d										
	PART II. Other significant condition	a contributing to	death but not re	auitina	in the und	arlying cause	oluna ia	Dart I	24a. WAS AN	ALITODAY		
DICAL					uie uiie	arrying cause	given in		PERFOR	MED?	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
									1 XYES 2	□ NO		OMPLETION OF CAUSE F DEATH?
Σ								_			1	YES 2 NO
A I	or was over operation as a serious											
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1141		OTHER:	26. PLACE OF	DEATH (Ch	eck only on	10)			
≥	1X YES 2 NO		ER/Outpatient 3		4 🗆 Nursi	ng Home 5 🗆	Rasidence	6 🗆 Othe	r (Specify)			
표	27. MANNER OF DEATH 1)(X) Netural Control of the second o	28a. DATE OF (Month, D		28b. TIM INJ	E OF 2	8c. INJURY AT WORK?		28d. DES	CRIBE HOW II	NJURY OCCU	RED	
B	2 Accident Investigation				М	1 YES 2	□ NO					
	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At hone etc. (Specify)	ne, farm, s	street, factor	y, office		28f. LOC	ATION (Street a	ind Number or	Rurel Rou	te Number,
E L	4 Homicide detarmined								,			
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, des	th occurre	ed at the tim	e, dete and pla	a. and due	to the cau	se(s) and man	ner as stated		
COMPLETED	one) 2 MEDICAL EXAMINE											nd manner as stated.
	29b. SIGNATURE AND TIPLE OF CERTIFIED			- Leafing	-				, , , ,			
H H	1	1 // /	ML	(200		29c. Li	CENSE NUI	MBEH		29d. DATE S	SIGNED (M	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH			an)	0-/		C.N	1. F.		0.8	05	1993
	OF TENSON WIT		DE OF DEATH (ITEM	4/3 (NOs.	PTIPIT I							
												•
	31. DATE FILED (Month, Day, Year)		11			street	, Bá	alti	more.	Mary	vlan	d 21201

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or amoval.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

AUG 1 0 1993 felie Berilan Bandan

C. J. Ballett (L.

distribution day